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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EN	Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	AMES O. REYNOLDS Name of Person
	ENTERPRO, LLC Firm/Company
8199	5 CHARRINGTON FOREST BUD. Address
	JAVAHASSKE FL 32312-4201 City/State and Zip Code
E-mail a	R1956 & GMAIL. COM Idress: (to be used for future annual report notification)
For further information concerning	The state of the s
JAMES O. To Name of Person	Area Code & Daytime Telephone Number 5
Enclosed is a check for the follo	
\$125.00 Filing Fee \$\square \text{S130.00} \text{Certific}	Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registrat	Address Street/Courier Address ion Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8195 CHARRINGTON FOREST BLVD CAME.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name 8195 CHARLINGTON FOREST BUDGE
Florida street address (P.O. Box NOT acceptable) ALAMASSKE FL 32312-4201 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)
$\{ \cdot \}$

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCRM	JAMES O. REYNOLDS. B195 CHARRINGTON FOREST BLUD JAMAHASSER, FL 32312-4201
MGRM	CINDY R. REYNOLDS 8195 CHARLINGTON FOREST BLVD. TAMAHASCEE, FL 32312-4201
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(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

I JAMES O. REYNOUDS, HAVE NO INTENTIOUS.
OF PEINSTATING ENTERPRO, LIC

DOCUMENT # LØ8 ØD ØD 74575 AND

I PEUEASE THE NAME.

04/11/2012

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