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COVER LETTER .

TO: Registratio Division of	n Section Corporations		
SUBJECT:	het Allen Name of Limited	Bridges LLC d Liability Company	<u>.</u>
The enclosed Article	s of Organization and fee(s) are st	ubmitted for filing.	
Please return all corr-	espondence concerning this matte	er to the following:	
Ch	et Allen	Bnidges Name of Person	
	het Allen	Baidges LLC	
		gton Rd Address	200 7
TA	11 A HASS EE City	F/A 32303-25 /State and Zip Code	237
	E-mail address: (to be used for	or future annual report notification)	
For further informati	on concerning this matter, please	call:	P
<u>Chet</u>	Aller Bridges me of Person	at (<u>850</u>) <u>728-865</u> Area Code & Daytime Telephone Nu	mber
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	LE I	- Nai	me:
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The name of the Limited Liability Company is:

Chef Aller Boldges L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

3931 Wiging ton Rd TAllAhASSER FIA 32303	3931 Wigingtonkd TallAhasse Fla 32303	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual of another	
The name and the Florida street address of the r	registered agent are:	E T
Chet Aller B	Bridges 82	ء ف
•	- mark	
393/ Wig-ng fox Florida street add	Ad dress (P.O. Box NOT acceptable)	1:05
	FL 32303	J,
	tate, 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)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MgRM	Whet Aller Bridges 3931 wiginton Rd Tallahassee Fla 32303
	AS RECORD
	SEE FL
	- GALLA
(Use attachment if necessary)
TICLE V: Effective date, if other n effective date is listed, the date 90 days after the date of filing.	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pr

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chet Allew Bridges
Typed or printed name of signed

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)