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(Red	questor's Name)			
(Add	dress)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	of Status		
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B. KOHR
AUG 27 2012
EXAMINER



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SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corpor			0
SUBJECT: <u>Real</u>	Name of Limited	Liability Company	1 C SHE 2
The enclosed Articles of Org	anization and fee(s) are su	bmitted for filing.	,
, Please return all corresponde	nce concerning this matter	to the following:	
DAVI	1 L. Col	lame of Person	
<u></u>		Firm/Company	
P. U.	BOX 1432	<u>, </u>	
Pensa	Box 1432 Acola, f	Address 3259/	
		State and Zip Code (WAVS. Complete State annual report notification)	
For further information conce	erning this matter, please c	all:	
Davin Col Name of Per		at (850) 43 g	8-6005 lephone Number
Enclosed is a check for the	following amount:	•	
\$125.00 Filing Fee \$\frac{\text{\$13}}{\text{C}}	30.00 Filing Fee & Ertificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	ailing Address gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Mailing Address:
P.O. Box 1432
Pensacola FL 32591

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

226 Pala fox. Place # 40/

Plorida street address (P.O. Box NOT acceptable)

Plens 4 cola FL 3 2502

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

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)