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T. HAMPTON

COVER LETTER

10: Registration Division of C		/	
SUBJECT:	19h the O	IV/NE JEANIN ited Liability Company	GLIC LAD.
	,	,	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
MARK	A. Guide	2.1/	
Might	DIVINE	Name of Person SEANING Firm/Company	HD. Co
10716	ILLINOIS	54.	
Vous	BSTOWN 1	Address 32466	
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
DONNA SP Name	RAD/IN/ of Person	at (250) 397. A	HO24 one Number
Enclosed is a check for	or the following amount:		
ب ـ	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Circ	cle

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.")	
Airrust end with the words Emilied Elability Company, E.E.C., of EEC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	ty Company is:
Principal Office Address: Mailing Address:	
10716 Thinois St 10716 Ilhinois a young stown Fl. Joung stown Fl.	54 . He fo
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	nature: r another
The name and the Florida street address of the registered agent are:	•••
MARK A. Guiday	
PANAMA LITY FL 32404 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above	e stated limited
liability company at the place designated in this certificate, I hereby accept the app	
registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am family	
accept the obligations of my position as registered agent as provided for in Chapte	
Mal and	
Registered Agent's Signature (REQUIRED)	DIVIS 12
	SECRETAS IVISION OF
(CONTINUED)	3
·	0%E
Page 1 of 2	ED Y OF STATE ORPORATIONS AM II: 47

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Manag	In a Mambau
MGRW - Manag	MARK ANTHONY GUILY 2740 E 19 +6/C+ PANAMA CITE FL 324011
MGRM	DONNA MARIE SPRADINI 10716 FLUNDIS ST
·, ·	J. J. J. J. G.
•	•
(Use attachment if n	ecessary)
	e, if other than the date of filing: (OPTIONAL)
(If an effective date is listed to or 90 days after the date	the date must be specific and cannot be more than five business days prior
io or 90 days after the date of	n ming.)
REQUIRED SIGN.	ATURE:
<u> </u>	Lorra Planie Speachi
Sig	nature of a member or an authorized representative of a member.
(I.,	with section (00 409(2) Floride Statutes the suspection of this decomment

(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.)

Typed or printed name of signee

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)