

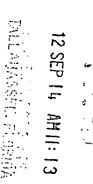
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B. BOSTICK
SEP 1 7 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT:
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	GEORGE T EVENS WI
-	INSta-Ramp
	501 Penmon RD
-	Address
_	Neptune Bch FL 32266 F 50 City/State and Zip Code
-	In to (9) Insta-rampicom
For furt	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:
Ge	Name of Person at (904) 483 – 1692 The Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{S130.00 Filing Fee}} \& \text{S155.00 Filing Fee} & \text{S160.00 Filing Fee,} \\ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L. Name:

Insta-Ramp LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	ne principal office of the Limited Lia	ibility Compa	ıny is
Principal Office Address:	Mailing Address:		
501 Penman Rd Neptune Bch Fl 32266	501 Penman Rd Neptune B	loh El 22266	,
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's	Signature:	
(The Limited Liability Company cannot serve as its own	ered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature:	W ()
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature:	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of George T Evans 111	ered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature:	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of George T Evans 111	ered Office, & Registered Agent's Registered Agent. You must designate an individ the registered agent are:	Signature:	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of George T Evans 111 N 501 Penman Rd	ered Office, & Registered Agent's Registered Agent. You must designate an individ the registered agent are:	Signature:	

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)

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:
"MGRM" = Managing Member ('CO)	GEORGE T Evans 111 501 Penman RD Neptune but FL 32246
	SEP I
TICLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
(Use attachment if necessary) TICLE V: Effective date, if other than the effective date is listed, the date must r 90 days after the date of filing.)	he date of filing: (OPTIONAL be specific and cannot be more than five business days
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.)

SEORGE T EVANS III
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)