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COVER LETTER

	tion Section of Corporations	
SUBJECT:	Flaids Outdoor Name of Limite	Solutions UL. ed Liability Company
The enclosed Arti	cles of Organization and fee(s) are s	submitted for filing.
Please return all c	orrespondence concerning this matter	er to the following:
	ONY BRANDEN Libe	Name of Person
		Firm/Company
	1996	Charlais St Address
 		Address
	TALLA	NASSOC FL 32317 y/State and Zip Code
	E-mail address: (to be used	doctsolu Linus (20 yr hoo-con for future annual report notification)
For further inform	nation concerning this matter, please LCN Libersat Ndall Mill an	at (\$50) 694 3913
JH((OC ILA	Name of Person	at (550) 694 31() Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
□\$125.00 Filing	Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,
The name of the Limited Liability Company is:	
Florida Outdoor Solu (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1996 Charlais St. Tallabassoc, FL. 32317	1996 Charlais St. taliahassae fl. 32317
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Jarrod Milton S	<u> </u>
1996 Charlais	Sh = = = = = = = = = = = = = = = =
	ess (P.O. Box NOT acceptable)
Tallahassee City, State	FL 32317 SH 20
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
	ré (REQUIRED)
Registered Agents Signatur	(KEQOIKED)

(CONTINUED)

Page 1 of 2

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	Tony Libersat 2959 Apolarhoe Pkwy Apt D23 Tollahossee FL: 32301
MGRM	Jarrod Milton Se 1996 Charlais St Tallahassee FL 32317
(Use attachment if necessary)	
RTICLE V: Effective date, if other that f an effective date is listed, the date is rior to or 90 days after the date of filing	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false in	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State Telony 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)

Tarrod Milton
Typed or printed name of signee