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J. SAULSBERRY EXAMINER JAN 2 8 2013

COVER LETTER

TO:	Registration S Division of Co				,÷-		•	
·SUBJE	ст: _ //	ISPECTION NAMED AFT	1 PEK	FECTA	ON-	22	2	
The end	closed Articles o	of Organization and fee(s)	are submitt	ed for filing.				
Please	return all corresp	pondence concerning this	matter to th	e following:	,			
		STEPHEN	- FE	erran	de			_
	INSP	PECTION,	ERF	of Person ECT 14	UN.		110	- 1 -
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		E-mail address: (to be t		e annual report notifi	cation)		2013	
For furt	SRFI	concerning this matter, p	lease call:	407,68	3-	054	JAN 25	T
Enclos		of Person or the following amour	nt:	Area Code & Dayt	ime Teleph	one Number	A 8 50	
\$125.6	00 Filing Fee	□\$130.00 Filing Fee Certificate of Statu	s Ce	55.00 Filing Fee of ertified Copy ditional copy is enclo		Certified C	ling Fee, of Status &	

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:	-	-	
	PERFECT / ON lity Company, "L.L.C.," or "LLC.")		20
ARTICLE II - Address:			
The mailing address and street address of the pr	rincipal office of the Limited Liability	Compan	ıy is:
Principal Office Address:	Mailing Address:		
GIZ LUGANOCT SANFORD FL	SAME		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	1 Office, & Registered Agent's Signa tered Agent. You must designate an individual or a	iture: inother	
The name and the Florida street address of the r	registered agent are:		
STEPHENX	errando	2013	
612 LUGAN	UD CT	2013 JAN 25	
SANDORD	dress (P.O. Box NOT acceptable) FL ate, and Zip	AM 8 50	
	25-4		

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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary)	
n effective date is listed, the dat	than the date of filing (OPTIONAL te must be specific and cannot be more than five business iling.)
TCLE V: Effective date, if other to effective date is listed, the date	te must be specific and cannot be more than five business
TICLE V: Effective date, if other to effective date is listed, the date to or 90 days after the date of fine REQUIRED SIGNATURE:	te must be specific and cannot be more than five business
r to or 90 days after the date of fine REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall	member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.)
r to or 90 days after the date of fine REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall	Letion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State