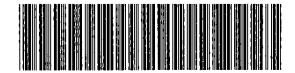
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J. SAULSBERRY EXAMINER

JAN 2 8 2013

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	nc Donald England Name of Limit	lray LLC.	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this ma	ter to the following:	
Ma	rtha McDo	Mald Name of Person	<del></del>
<i>Y</i> Y	nc Donald Er	Jergy, LLC.	
	3935 W.H.b.	iscus st.	
	.,,,,	Address	₹. 2
	Weston, FL	33334	2013 JAN 25
	mmcdonald	ity/State and Zip Code  OCCESSUS, N for future annual report notification)	e+ 25
For further information	E-mail address: (to be used concerning this matter, pleas		M 9 50
Martha	McDonald of Person	at ( 305 ) 206 . T	1493
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate 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)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	·
(Must end with the words "Limited	VENCY, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3935 W. HIBISCUS ST WESTON, FL 33332	·
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	the registered agent are:  McDoNAIA  Name  8
3935 ω. Florida stre	HIBISCUS ST eet address (P.O. Box NOT acceptable)
WESTON,	FL 33332_ ity, State, and Zip
liability company at the place designate registered agent and agree to act in this c	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of amplete performance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MARTHA Mc DONALD  3935 W. HIBISCUS ST  WESTON, FL 33332
MG-12M	BRIAN Mc DONALD  3935 W. HIBISCUS ST  WESTON, FL 3333Z
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	must be specific and cannot be more than five business days ng.)
REQUIRED SIGNATURE:  Signature of a m	Medanal To The Management of a member.
constitutes an affirmation I am aware that any false	on 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 felony as provided for in s.817.155, F.S.)  ARTHA McDonal D  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)