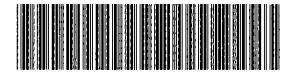
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<i>3</i>
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: — — — — — — — — — — — — — — — — — — —
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Walter Quijada Name of Person
Firm/Company
3031 Baron Ln Address
Talkhassee FL. 32305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 284-8864 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3031 Baron LA Tallahassee FL 32305 Tallahassee FL 32305
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Juan Quijada
Name
Florida street address (P.O. Box NOT acceptable)
Tallshissee FL 37305 City, State, and Zip
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 Fignature (REQUIRED)

(CONTINUED)

Page 1 of 2

3 JUL 25 AH 10: 34

<u>Title:</u> "MGR" = Manager 'MGRM" = Managing Mem	Name and Address:
MGR	Walter Quitsda 3031 Barron In Talkhouse FL 32305
Use attachment if necessary	y) er than the date of filing: (OPTION
ffective date is listed, the coor 90 days after the date of	date must be specific and cannot be more than five busing
	a
REQUIRED SIGNATURI	E:
	of a member or an authorized representative of a member.
(In accordance with constitutes an affirm I am aware that any constitutes a third de	Quist

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)