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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	ALO Name of Limite	ed Liability Company	
The enclosed Articles of (	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
	Willie	M Peacock Name of Person	· · · · · · · · · · · · · · · · · · ·
·	FALO	H7111LCC Firm/Company	
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For further information co	oncerning this matter, please	e call;	
Name of	Person COCK	at ( Rea Code & Daytime Telep	7 - 8057 hone Number
Enclosed is a check for	the following amount:		,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	ircle

## 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	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
458 NW Marlon St Madien FB 32740	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Florida street addr Mr. Lisch City, Stat	ress (P.O. Box NOT acceptable)  FL 32340  te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	this certificate, I hereby accept the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Name and Address:
"MGRM" = Managing Member  MG LM  MG LM	Wille A Pecocic
moxm	Bant have fearen ( FE & FE A DEATH AND FE 3734)
	-
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the lift an effective date is listed, the date mus prior to or 90 days after the date of filing.)	e date of filing: (OPTIONAL)  t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	er 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.8 7.155, F.S.)

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)