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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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KU JASON SIAIC

. (850) 245-6051.

COVER LETTER

TO: Registration S Division of Co						
E. M	UNRO LLC	ъ.				
SUBJECT:		ted Liability Com	pany			
	f Organization and fee(s) are					
Please return all corresp	ondence concerning this matt	ter to the following	ng:			
EDNA (E. MUNRO	* *				
		Name of Person				
		Firm/Company				
8589 W	ESTVIEW LA	NE				
		Address				
PENSA	COLA, FLOR	RIDA 32	2514			2013
		ty/State and Zip Co			7.,	AON EIO
ednam613	3@yahoo.com				12 m	9
	E-mail address: (to be used		port notification)		;	7=* -34
For further information	concerning this matter, please	e call:				بي
Ginger Jor	dan	_{at} 985	, 649-44	155	i en	26
Name	of Person	Area Co	de & Daytime Telep	hone Numb	er	•
Enclosed is a check for	or the following amount:	!				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fi Certified C	_	\$160.00 Certifica Certifica (additional	ite of Sta d Copy	atus &
	Mailing Address		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

E. MUNRO LLC			
	(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	lress and street address of	the principal office of the Limited Li	iability Company is:
Principal Offic	e Address:	Mailing Address:	
8589 WESTVIEW L	.ANE	8589 WESTVIEW LANE	
PENSACOLA, FL 3	2514	PENSACOLA, FL 32514	
business entity with	an active Florida registration.)		
The name and the	ne Florida street address of EDNA E. MUNRO 8589 WESTVIEW LANE	f the registered agent are: Name	2013 NOV -6
The name and the	EDNA E. MUNRO 8589 WESTVIEW LANE		-6 AM
The name and the	EDNA E. MUNRO 8589 WESTVIEW LANE	Name	-6 AH 9:
The name and the	EDNA E. MUNRO 8589 WESTVIEW LANE Florida str PENSACOLA,	Name reet address (P.O. Box <u>NOT</u> acceptable)	-6 AH

(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>	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGRM	EDNA E. MUNRO			
	8589 WESTVIEW LANE			
	PENSACOLA, FLORIDA 32514			
				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the	e date of filing:	ΩΡΤΙΩ'	NAL)	
(If an effective date is listed, the date must				ays
prior to or 90 days after the date of filing.)	•	**	نت	·
			AON	ī
DECYUDED SIGNATUDE.		4	9	1
REQUIRED SIGNATURE:	1	-1		,
_ ledma	6. Munro		9: 2	
Signature of a membe	er or an authorized representative of a member.	ا ` ا ند . حجة	õ	
constitutes an affirmation under I am aware that any false inform	8.408(3), Florida Statutes, the execution of this docur the penalties of perjury that the facts stated herein a mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)	are true.		
EDNIA E MUNIDO				

Typed or printed name of signee