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## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE		anst. Service SLLC.  d Liability Company
The enc	losed Articles of Organization and fee(s) are su	abmitted for filing.
Please re	eturn all correspondence concerning this matte	r to the following:
	Casel Carel	Jame of Person
		<b>\</b>
	I	Firm/Company
	3012 Homewood	Address
	tallahassee Fl Robert Hadman C	State and Zip Code on some from Q 6 Mul, Com
For furt	te-mail address: (to be the information concerning this matter, please	e used for future annual report notification) call:
	Name of Person at (	a Code Daytime Telephone Number
Enolose	ed is a check for the following amount:	SEE
\$125.00	9 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fac. Certified Copy additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahussee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE STATE OF THE STATE OF	A	RT	ICL	ÆΙ	۱-	Name:
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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:

rrincipal Office Address:	Mailing Address:
3012 Home wood C+ Tallahassee Fl. 3230	3 Same
161101103566 F1. 3630	<u> </u>

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:

Cosed allen Cosey

Name

3012 Homewood Ct.

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AM13R	Cosed Cased 30/2 Homewood Ct. Tallahassee FL. 32303
	70110103 JEE FL. 36 50 5
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 day
CLE VI: Other provisions, if any.	

(In accordance with section 605.0203 (1) (b), 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.817.155, F.S.)

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)