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(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies		s of Status
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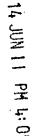


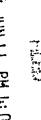
COVER LETTER

TO: Registration Section Division of Corporations	γ .
SUBJECT: BRAT The HE	at Window (1-1/125, LIC) mited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
LADY B.	Keels Name of Person
	eat Window Tisting
3419 APA	ACHIE PAKWAP
TALLAHASSEE	Address 723 1/
bird KIC YA	Aty/State and Zip Code
For further information concerning this matter, plea	ase call:
LAOX B. Keels at (
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Companyions	Division of Cornerations

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: 3419 ADDIACHEE PAKWAP TOUANDSSEE FL. 32311 Mailing Address: 3419 ADDIACHEE PAKWAP JAMASSEE FL. 32311		
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:		
LAN BURN ADMATICO Keds		
3419 Aprilocher Parkwaf		
Florida street address (P.O. Box NOT acceptable)		
TAPLAHASSOD FL 323//		
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 1 of 2		

. The name and address of each person a	athorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: LASK B. (1) Adjiation Keels 3444 Apolachee Horral Tollahossee H. 32311
(Use attachment if necessary)	•
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sy the date of filing.) ARTICLE VI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	auxfeels
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)