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(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER** ·

TO: Registration Section Division of Corporations
SUBJECT: Correstono Search Patrets 11 ( Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shery S. Wengel Name of Person
COLNEYSTORE Search Pathers, LLC Firm/Company
16316 BVISTOLFDINTE DVIVE
Delabeach, Fl 33446  City/State and Zip Code  Shewleystkheld3. Low  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Servi S. Wengel at (561) 495-8196  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sum_{\text{\$130.00 Filing Fee}} \sum_{\text{\$130.00 Filing Fee}} \text{\$\sum_{\text{\$155.00 Filing Fee}}} & \sum_{\text{\$\$Certified Copy}} \text{\$\sum_{\text{\$\$Certified Copy}}} & \sum_{\text{\$\$Certified Copy}} \text{\$\text{\$\$Certified Copy}} & \text{\$\text{\$\$Certified Copy}}

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 Circle Tallahassee, FL 32301

(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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Delicy beach, FL 33444	16314 Brist Pointe D., Delvery Heach, Fl 33446
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered Suff Sheet Name	
Florida street address (P.O. Box	NOT acceptable)
<u>De Vay Beach</u> City	7 FL 33483-440Z
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S  Ture (REQUIRED)
(CONTINU	ED)

Page 1 of 2

The name of the Limited Liability Company is:

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sed representative of a member. la Statutes, the execution of this document
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ury that the facts stated herein are true? document to the Department of State!
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