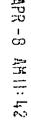
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COVER LETTER

Division of Corporations	·
SUBJECT: 50 Name of Lin	ENDA: MINY CO. LLL nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John A	Name of Person
John Al	1 Cont DA: witing Co. Firm/Company
12787 FOR	EST Run CT Address
TAIIMHASSE	CFC 32317. ity/State and Zip Code
E-mail address: (to be used) For further information concerning this matter, plea	d for future annual report notification)
, , , , , , , , , , , , , , , , , , ,	
at (at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, 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 Circle

Tallahassee, FL 32301

TSONNAMILY HAVE NO INITENSIONS CZ RZTWSTATETNY SOWN AllEN PRINTING DOC. # P130000475

I RELEASE THE NAME

AFR -8 AMIL: 41

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: Mailing Address:
12787 Folist Rudet TAUDY 3535 FL
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:
JOHN Allen Name
Florida street address (P.O. Box NOT acceptable)
TRUAL SSEC FL 32317 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each person auth	norized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR C	Name and Address: 5 Ohn PILCH 12787 FOREST RUN CT TAMANASSEE FL 323
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
RTICLE VI: Other provisions, if any.	
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
_50h	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)