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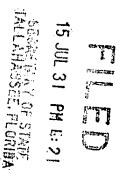
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9 COVER LETTER TO: **Registration Section Division of Corporations** Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company P.O. BOX 555 Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: . The name of the Limited Liability Company is:	
3 M Ranch & Events (Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
5271 S HWY 301 Bushnell, PL 33513	PO BOX 555 Webster, FL 33597
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Rebay Maza	K ω ω ω
Name	
5271 South Florida street address (P.O. Box I	HWY. DI
Bushnell Fl	335(3
City State	Zip
daving been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as required agree to comply with the provisions of all statutes relating to the function in familiar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQURED)

Page 1 of 2

Title:	uthorized Member	Name and Address:
"MGR" = Mai Rebay M	ager	PO BOX 555 Webster, PL 33597
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