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PICK-UP	] WAIT	MAIL
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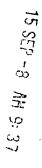
Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 321 Exhibits  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:	
Nancy L Hardy Name of Person	_
321 Exhibits Firm/Company	
1430 Glen Haven Drive	<u>—</u>
Merritt ISland FL 32952  City/State and Zip Code  Nordy 01 @ Yahoo - Com  E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
Noncy Hardy at (32) 298 - 9333  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\\$125.00\ \text{Filing Fee} \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additional copy is enclosed)	s &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
321 Exhibits	LLC
(Must end with the words "Limited Liabili	tý 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:
1430 Colen Hoven Or	1430 Glen Haven C

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:

**ARTICLE 1 - Name:** 

None Literaly
Name

1430 Glenhavan Or.

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

Morritt I Sland, FL 32952

City State 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

Title: "AMBR" = Authoriz "MGR" = Manager	ed Member	Name and Address:	
	_		_
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•	• /	(OPTIONAL)	_
EV: Effective date, is ective date is listed, to of filing.) the date inserted in the	fother than the date of filing: he date must be specific and	. (OPTIONAL)  d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a	
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E V: Effective date, i sective date is listed, to filing.) the date inserted in the ment's effective date  E VI: Other provision  REQUIRED SIGNA  This l am	f other than the date of filing: the date must be specific and his block does not meet the a on the Department of State's us, if any.  ATURE:  Signature of a member or document is executed in acc aware that any false informa	d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a srecords.	not be

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)