(Re	equestor's Name)	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Marke 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:
Elizabeth G. Drivan
Name of Person
Firm/Company
757 Wood Mary Growt
757 West Main Street Address
EURIN, NC 29621  City/State and Zip Code  BEDUGGE EARTHLINK, NET
City/State and Zip Code BEDV 100 P. EARTHLINK, NET
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
Name of Ferson Area Code Bayanie Felephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

(7	TULF Rhutlo	DANG LL	_	
(Must end	TUF Rhyth with the words "Limited I	iability Company,	"L.L.C.," or "LLC.")	7.5
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Limited L	iability Company is:	
<u>Princir</u>	oal Office Address:		Mailing Address:	
757 WW.	t Main 9t	<del></del>	757 West Mais	MGt.
	NO POUP		WWW NO POR	;,
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration.	tegistered Agent. Yo		al or
(The Limited Liability Company	y cannot serve as its own R active Florida registration address of the registered a	tegistered Agent. Yo	ou must designate an individu	al or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration address of the registered a	tegistered Agent. Yo	ou must designate an individu	al or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a	tegistered Agent. Yo	ou must designate an individu	al or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a	egistered Agent. Your agent are: Name  Name  Name  Name  Name	ou must designate an individu	al or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration.  address of the registered a  LOTI W  509 7	egistered Agent. Your agent are: Name  Name  Name  Name  Name	ou must designate an individu	al or

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/s registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

stered Agent's Signature (REQUIRED)

Page 1 of 2

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Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMBK	Hitzibath G. Droncary
	757 West Mary Street
	ELION INIT MUFT
AMBR	Drew Vionary
	Town to Toward FL 33/d ]
	tem you retine, to the
	<u> </u>
(Use attachment if necessary)	
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ective date is listed, the date must be if filing.) the date inserted in this block does nent's effective date on the Departm EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
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ARTICLE IV-