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SUBJECT: PAW S. Doc Crominate 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: Tocket Lyal Bolie 4 Name of Person Firm/Company 5234 CCAMFORDWILE RA Address TALLAHASSEE Cliy/State and Zip Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sodee Boyey at 850 Daytime Telephone Number Inclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 Zefol Executive Center Circle	TO: Registration Section	
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Tallahassee, FL 32301	Tallahassee, FL 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company,"

The mailing address and street address of the principal office of the Limited Liability Company is:

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

AR'CICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	F		ress (P.O. Box NOT acc	eptable)			
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