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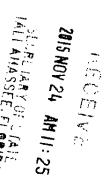


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT. Every Seconds Counts Investing
SUBJECT: Every Seconds Counts Investing 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:
Roscoe Clay Davis, Nathoniel Byron Name of Person
Firm/Company
2350 Phillips 2D Apt 2102 Address
Tallahassee, FIA, 32308
Tallahassee, FIA, 32308 City/State and Zip Code Every Seconds Counts @ Yahaa. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roscoe, Nathaniel at (464) 536 - 6090 Name of Person Area Code Daytime Telephone 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 El 323142661 Executive Center Circle

Tallahassee, FL 32301



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ARTICLESUF	ORGANIZATION FOR FI	JOKIDA LIIV	IITEDLIABI	LITY COMPA		45 11011 01	
ARTICLE I - Name:						15 NOV 24	AM 11: 39
The name of the Limited Liability	Company is:					0.00	
_						SECHETATA TALLAHASSE	Un STATE
Every Secon	ndscounts I	nuestin	ig L.	L.C	i	HALLARMANA	TO THE HILL
(Must end w	ith the words "Limited I	iability Cor	iipany, "L.L.	.C.," or "LLC.	:.")		
ARTICLE II - Address:							
The mailing address and street add	lress of the principal off	ice of the Li	mited Liabil	ity Company i	is:		
Dutastast	O.C			B4 - 111	A -3 -3		
Principal	Office Address:			Mailing A			
2350 Phillips	2D Apt 2102 32308		2350	Phillips	<u>PD</u>	Apt 2102	•
Tallahassee, FL	32308		tallahas	sec FL	3230	98	
				4			•
ARTICLE III - Registered Agen							
(The Limited Liability Company c another business entity with an ac			gent. You m	ust designate a	an ind	ividual or	
another business entity with an ac	tive i fortua registration.	.,					
The name and the Florida street ac	ldress of the registered a	igent are:					
	Roscoe Davis				_		
		Name	_				
	2350 Phillips	RD Ap	7 2102				
	Florida street address	(P.O. Box N	OT accepta	ble)	•		
	Tallahassec	PL.		3036B			
	City			Zin	_		

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Roscoe Davis 2350 Phillps RD Apt 2102 tallahassee, FL 32308
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of	ffiling: (OPTIONAL)
an effective date is listed, the date must be speci e date of filing.)	filling: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after the applicable statutory filling requirements, this date will not be listed 'State's records.
an effective date is listed, the date must be speci e date of filing.) ote: If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specie date of filing.) ote: If the date inserted in this block does not me e document's effective date on the Department of	ific and cannot be more than five business days prior to or 90 days af et the applicable statutory filing requirements, this date will not be liste
ran effective date is listed, the date must be specie date of filing.) ote: If the date inserted in this block does not me e document's effective date on the Department of RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed 1 am aware that any false in	ific and cannot be more than five business days prior to or 90 days at et the applicable statutory filing requirements, this date will not be liste

ARTICLE IV-

Page 2 of 2

Filing Fees:

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

as