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COVER LETTER

10;	Division of Corporations		
	Matter of Business, LLC		
SUBJE	CT:Name of Li	mited Liabili	ty Company
The enc	losed Articles of Organization and fee(s) a	re submitted	for filing.
Please r	eturn all correspondence concerning this m	atter to the fo	ollowing:
	Stephen James Wilson		
		Name of	Person
	Matter of Business, LLC		
		Firm/Cor	npany
	571 Stonemont Drive		
		Addre	ss
	Weston, FL 33326		
	snowskiakron@yahoo.com	City/State and	I Zip Code
	E-mail address: (to be used	i for future a	nnual report notification)
For furthe	er information concerning this matter, pleas	se call:	
	Stephen J. Wilson 2 at (260	4447978
	* ************************************	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	LCertifie	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	_	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	i •	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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The name of the Limited Liability Company is:

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matter.	OI.	Business		L.C.

(Must end with the words "Limited Liability 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:	<u>wianing Address</u> :
571 Stonemont Drive	571 Stonemont Drive
Weston, FL 33326	Weston, FL 33326

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:

Stephen J. Wilson		
	Name	
571 Stonemont Dri	ve	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Weston	FL	33326
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

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager President	
President	Stephen J. Wilson
	571 Sionemont Drive Weston, FL 33326
	weston, FL 33326
Vice President	Jennifer A. Wilson
	571 Stonemont Drive
	Weston, FL 33326
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Use attachment if necessary)	
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