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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

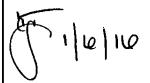


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COVER LETTER 16 JAN -6 PM 1: 15 TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company (a) amail com E-mail address: (to be used for future runnual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A FILLS

ARTICLE I - Name:	FILED		
The name of the Limited Liability Company is:	16 JAN -6 PH 4: 10		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRE AS		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHISSE FORIE		
ARTICLE II - Address:			

Principal Office Address:

Authorizer Dr.

Tallabaser G. 3220\
Glabaser G. 3230\
Glabaser G. 3230\

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

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

Phillip OwenS
Name

9411 Dozier Dr

Florida street address (I'.O. Box NOT acceptable)

Talkhassee FC 32361

... 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 t am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Phillip Owens Tallabassee, F	24/1 Dozi-	er Dr.	
MGR				
			•	
			· ·	
(Use attachment if necessary)		·	•	
CLE V: Effective date, if other than the date of fitting	d the many than five business	os davs prior to or Oi	A days of	***
effective date is listed, the date must be specific an te of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State	applicable statutory filing requirements's records.	ss days prior to or 3		٠
effective date is listed, the date must be specific an ite of filing.) If the date inserted in this block does not meet the becoment's effective date on the Department of State CLE VI: Other provisions, if any.	applicable statutory filing requirements's records.	ss days prior to or 3		•
effective date is listed, the date must be specific and te of filing.) If the date inserted in this block does not meet the boument's effective date on the Department of State GLE VI: Other provisions, if any. REQUIRED SIGNATURE:	applicable statutory filing requirements's records.	ss days prior to or 3		•
REQUIRED SIGNATURE: Signature of a member of This document is executed in au lam aware that any false inform constitutes a third degree felony	e applicable statutory filing requirements records. Coran authorized representative of accordance with section 605.0203 (1) mation submitted in a document to the yas provided for in s.817.155, F.S.	a member. (b), Florida Statutes	ot be lister	•
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-