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SECRETARING OF SINCE PALLAMINISME R. ORIGI



COVER LETTER

	stration Section ion of Corporations	
SUBJECT: _	PARK	Goodson TI LLC
	Name of I	Limited Liability Company
The enclosed	Articles of Organization and fee(s)	are submitted for filing.
Please return a	all correspondence concerning this	matter to the following:
_	PARK	Goodson
	//	Name of Person
		Firm/Company
	PO	8× 732
		Address
	HAVARA	F/A 32333
		City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For furmer info	rmation concerning this matter, ple	ease call:
//	at	()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	g Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARCICLES OF ORGANIZATION FOR FLORIDATINAL/ED HABILLE / COMPANY

/ACCICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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 another business entity with an active Florida registration.)

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

Florida street address (P.O. Box NOT acceptable)

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 ism 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

"AMBR" = Author	rizad Mambar	Name and Address:
"MGR" = Manage		and Cole all
_MGR		PARK Goodson 111
-		2642 FAIRBANKS FER
		HAVANA F/A 72333
		MANAH FIR JASSS
		
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// Long 14 1 C		•
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ARTICLE IV-

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