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COVER LETTER

16 FEB 29 AH 11: 16 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: F- nail address (to be used for future annual report notification) For further information concerning this matter, please call: Middleta 850, 724-2465 Daytime Telephone Number Enclosed is a check for the following amount: \$160.00 Filing Fee, \$130.00 Filing Fee & \$155.00 Filing Fee &

Mailing Address.

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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 FLOTEDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB 29 AM 11: 16

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Jucksonville The 37244	Same
JULKEDWILLE TL 799UU	
51277	

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

Having been named as registered agant and to accept service of process for the 35%, stated limited liability company at the whose designated in this vertificate. Thereby accept the appointment as registered by M and dg with a capacity. If Exciber agree to comply with the provisions of all statutes relating to the proper as "complete see formance of my duties, and I air familiar with and accept the obligations of my position as registered agent as product of for confidence of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligations of the position as registered agent as product of the obligation of the position as registered agent as product of the obligation of the position as registered agent as product of the obligation of the obligation of the position as registered agent as product of the obligation of

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member			Name and Address:		16 FEB 29 AH :	
"MGR	" = Manager M BP		Settrey Alun 8046 Macna	Cummons	SECASTALA TALLARASSE	F FURE
			Tacksonvil	6 FL. 32	244	•
						
						
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(Use a	attachment if necessary)					
(If an effective of the date o	date is listed, the date g.)	must be specific and does not meet the a	cannot be more than five	e business days prior to	or 90 days after	
	Other provisions, if any			· · · · · · · · · · · · · · · · · · ·		
REQ				>		
	This docume I am aware tl	ent is executed in acc nat any false informa third degree felony a	an authorized represent ordance with section 605,0 tion submitted in a docume s provided for in s.817.15.	0203 (1) (b), Florida Star ent to the Department of 5, F.S.		
,		Adria 1 Typed	Middled- or printed name of signee			

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)