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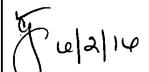




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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: 3	Mous	"LLC"		
	Name of Lin	nited Liability Company		
The enclosed Articles of C	Organization and fee(s) as	re submitted for filing.		
Please return all correspon	ndence concerning this m	atter to the following:		
BR	YOU MOY	OHS		
		Name of Person		_
<u> </u>	L. MOH	S LLC Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21	21 W.	INDIANHEAD	Dr.	
		Address		
- lh	LLAHASSE	EEFC. City/State and Zip Code SEUS DY d for future annual report notifice	32301	
Neg.	7.22	City/State and Zip Code	N/2 124	
AERO	mail address: (to be use	d for future annual report notifice	ation)	. ,
For further information co				
BRYON M Name o	OHS at (850 656-1 Area Code Daytime Tel	1878 lephone Number	
	.			
Enclosed is a check for th $3 \times 3 $]\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	"Certificate of Status Certified Copy (additional copy is encl	
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	Address tion Section	Street/Conrier Add Registration Section	res	
	n of Corporations	Division of Corporat Clifton Building	tions	6
	ssee, FL 32314	2661 Executive Cent		
		Tallahassee, FL 3230	V1	LE 26
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EFFECTIVE DATE de la lug

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 HAY 26 PH 4: 22

(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: Mailing Address M	ARTICLE 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: Principal Office Address: Malling Liability Company is: Malling Address: Malling Add	B. L. MOHS "LL	<u>C:</u>
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Malling Address Malling Address Malling Address Malling Address Malling Address Malling Agent A	(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
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: Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Name LIII		Limited Liability Company is:
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(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: Bryoll Mohs Name All W. Mohs Not acceptable	2121W. /ND/ANHEAD DR SA TALLAHASSEE, FL 32301	WE AS PRINCIPAL
BRYON MOHS Name J.J.I.W. NDIAUHEAD DR. Florida street address (P.O. Box NOT acceptable) IAUAUASEE FL. 3.230 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company of 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.	(The Limited Liability Company cannot serve as its own Registered	
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(CONTINUED)	(CONTINUED)	

Page 1 of 2

Title: AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	BRYON MOHS 2131 W. INDIANGERD DR TALLAHASSEE, FL 3230
Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must be filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must I filling.)	, dut VI himb
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	, dut VI himb

Page 2 of 2

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