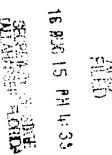
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16 AUG 15 PH 4: 21

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4850 Ent LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wesley Thomas
Name of Person
· LL(
Firm/Company
3705 Bentley drive
Address
Tallahassee, Fl 32303 City/State and Zip Code
City/State and Zip Code
mail audient (to be used for future annual report notification)
For further information concerning this matter, please call:
Wesley Thomas at (850) 524 5875  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4850 ENT LLC	
(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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
3705 Bentley drive	. "
Tallahassee FI 32303	
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	d Agent. You must designate an individual or
Name Name	3,440
Wesley The Name 3705 Bentl	ey drive
E1 11 (D.O.D.	NOT (III)
1 allahussec	10
City State	te Zip
Having by the named as registered agent and to accept service of proceptice designated in this certificate. I hereby accept the appointment of further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as register.  Registered Agen	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
(CON)	TINUED)
Paj	ge l of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	wesly Thomas 3705 Bentley drive
AMBR	Kenneth Grieger  884 Madenia Circle  Javlahossee, Fl. 32312
AMBR	Anthony Jones 1415 Glanda drive Tallahassae, F1 32304
e of filing.)	specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the da effective date is listed, the date must be see of filing.)	specific and cannot be more than five business days prior to or 90  t meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date effective date is listed, the date must be steed filling.)  If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90  t meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date effective date is listed, the date must be steed filling.)  If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90  t meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does not cument's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90  t meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  If the date inserted in this block does not cument's effective date on the Department of the Department	t meet the applicable statutory filing requirements, this date will not not of State's records.  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State