## 07-109-000-11

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Certified Copies	Certificates	s of Status
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SECTIONS TO SEASON

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Big Red Investment	
	Limited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	matter to the following:
Jeffre, Charles	Johnson + Lance Michael Har Name of Person
	Firm/Company
	1 mile Company
7000 upland 6	Slade
	Address
Tall FL 32312	
	City/State and Zip Code
JJa+ FSU & GI	mail.com
mail audress: (to be use	sed for future annual report notification)
For further information concerning this matter, plea	ease call:
Jeff Johnson at (	404 931-5650
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	
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

The name of the L				•	
		ed Investment	of Florida	·.	
<del></del> _	15 ig K	ed Investment	LLC		<del></del>
	(iviusi end w	ith the words "Limited Liabil	ity Company, L.	L.C., OF LLC.	•
RTICLE II - AC					
he mailing addre	ss and street add	dress of the principal office o	f the Limited Liab	oility Company is:	٠
	Principa	Office Address:		Mailing Add	ress:
7000	خده باهدا	CHARA	• •	50 0	
7000 Talkana	SOCFL 32	GLADE	· · · · · · · · · · · · · · · · · · ·	SAME	
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Jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

ered Agent's Signature (REQUIRED)

Page 1 of 2

AMBR  JCFF C. JOHNSON  1578 HARGOR LUNG OF VE  TALL HARSON FL 32309  LANCON M. HART  7000 UPLMO GLADE  TALLGHASSON  TALLGHASSON  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  te: If the date inserted in this block does not meet the applicable stability filing requirements, this date will not document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of Amember of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a livit degree Feliony as provided for in 8.817.155, F. 18.817.155.	Title: "AMBR" = Authorized Mo	ember	Name and Address:	
ISTR HARPOR LUNG OF, VE  TAUR HASSEC, FL 32308  LANCEN M. HART  7000 UPLAND GLADE  TAURRASSEC, FL 32312  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  1 (OPTIONAL)  1 reflective date is listed, the date must be specific and cannot be more than five business days prior to or 90 att of filing.)  21 If the date inserted in this block does not meet the applicable stability filing requirements, this date will not locument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State		-11150.	•	
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