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COVER LETTER

TO: Registration Section Division of Corporations	E.	ZN =	81-409791
SUBJECT: ANTHONY HENRY MAIN Name of Limited Lie	CTINEZ ability Company		_
The enclosed Articles of Organization and fee(s) are submit	ted for filing.		
Please return all correspondence concerning this matter to t	he following:		
ANTHONY H MARTIN	NEZ of Person		
ANTHONY HENRY MAI	CTINEZ Company		
470 EXECUTIVE CENT	TER DR - 4	<u> </u>	
WEST PALM BEACH,			
E-mail address: (to be used for futu	re annual report notificat	ion)	
For further information concerning this matter, please call:			
ANTITONY 14 MARTINEZ at (561 Name of Person Area Cod	358 - 68 Daytime Telephor	o 5 ne Number	
Enclosed is a check for the following amount:			
Certificate of Status — Cer	55.00 Filing Fee & tified Copy ional copy is enclosed)	Certifica Certified	Filing Fee, ate of Status & I Copy I copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section		

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, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:		
ANTHONY	HENRY MARTINEZ	LLC	
	th the words "Limited Liability Co		
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the L	imited Liability Company is:	
	Office Address:	Mailing Address:	
470 EXECUTION	VE CENTER DR	470 EXECUTIVE 4 C WEST PALM BE	CENTER DR
WEST PALM	BEACH, FL 33401	WEST PALM BE	CH FL 33401
ARTICLE III - Registered Agent	t, Registered Office, & Registered Annot serve as its own Registered A		•
The name and the Florida street ad-	dress of the registered agent are:		
	ANTHONY HENRY ,	MARTINEZ	
	Name		
	470 EXECUTIVE C	SENTER DR - 4 C NOT acceptable)	
_	WEST PALM BEACH City State	1, FL 33401	
	City State	Zip	
place designated in this certificate, I t further agree to comply with the prov	hereby accept the appointment as revisions of all statutes relating to the gations of my position as registered	for the above stated limited liability of egistered agent and agree to act in this proper and complete performance of agent as provided for in Chapter 605, Signature (REQUIRED)	s capacity. I my duties, and I
		Grand (max or man)	

Page 1 of 2

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
ANTHONY IN MARTINEZ	470 EXECUTIVE CENTER DR 4C WEST PALM BECH, FL 334
INTHONY H MARTINEZ (MGR)	WEST PALM BECH, FL 334
ctive date is listed, the date must be specific	ling: (OPTIONAL) e and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of filective date is listed, the date must be specific filing.)	e and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of file ctive date is listed, the date must be specific filling.) the date inserted in this block does not meet the date inserted at the Department of States.	e and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of file ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet the near seffective date on the Department of State VI: Other provisions, if any. Signature of a member This document is executed in I am aware that any false info	e and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of file tive date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted in the block does not meet the date inserted in the Department of State VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of the degree of the block does not meet the date inserted in the date on the Department of State VI: Other provisions, if any.	the applicable statutory filing requirements, this date will neate's records. To an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of States