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Special Instructions to Fil	ing Officer:	
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	William R GALIVAN Jan Name of Person	
	Firm/Company	
		<u>1</u> 6
	337 BENUER LOKE ROSD 58	5 图
	Address	21
	TONIAUASSEE EL. 32317	P. I
	City/State and Zip Code b:11thcb:1der.bqeqma:1.com E-mail address: (to be used for future annual report notification)	2; <u>5</u> 1
For furthe	er information concerning this matter, please call:	
ت	B=11 GNUAN at (850) 933-4922	
	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
\$125.00	Stiling Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{155.00}{2}\$ Filing Fee \$\frac{160.00}{2}\$ Filing Fee, Certificate of Status \$\frac{160.00}{2}\$ Filing Fee, Certificate of Status \$\frac{160.00}{2}\$ Certificate of Status \$\frac{160.00}{2}\$ Certificate of Status \$\frac{160.00}{2}\$ Filing Fee, Certificate of Status \$\frac{160.00}{2}\$ Filing Fee \$\frac{160.00}{2}\$ Filing Fee.	ed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Limited Liability Co	
ETICLE II - Address: e mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
337 BEAVER LOKE RODD TOHAHOSSEE FL. 32312	

The name and the Florida street address of the registered agent are:

William R GNUAN SC.

337 BEWEY LAKE RO40 E
Florida street address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title:	thorized Member	Name and Address:
MGR" = Man		
	<u></u>	William R GALIUM J/. 337 BEDRE LAKE ROAD
		337 BEAR LOVE 12040
		TOHOHASSOS PL. 32312
 		
		
		
Use attachmen	nt if necessary)	
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ARTICLE IV-

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