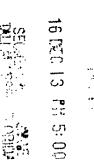
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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:		1168 LLC mited Liability Company
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.
Please retur	n all correspondence concerning this m	natter to the following:
	Eric -	Name of Person
		Firm/Company
	7188 Ox	Bow Circle Address
· -	2'ric71880	City/State and Zip Code 2 9 May 1. Com Tor/future annual report notification)
For further in	formation concerning this matter, pleas	se call:
-	Eriz Thompson	Area Code Daytime Telephone Number
Enclosed is \$125.00 Fil	a check for the following amount: ing Fee \$\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Tennessee 16 (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 principal	he Limited Liability Company is:
Principal Office Address: 7188 Ox Bow Circle	Mailing Address:
Tallahasse, FL 3231	2
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register	

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

Eriz Thompson

7188 Ox How Circle
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 323

tv State 2

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person authori	zed to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	EUC Thomas
-1116)1\	7188 Ox Bow Circle
·	Tallahouse Rt 32312
	(and the control of t
v	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
	(OPTIONAL)
ARTICLE V: Effective date, if other than the date of the	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after
the date of filing.)	c and cannot be more than five business days prior to or 70 days after
	the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	
ADMICK CAVE Od	
ARTICLE VI: Other provisions, if any.	
·	,
REQUIRED SIGNATURE:	15-17
LW.	T / Survey
Signature of a member	er or an authorized representative of a member.
This document is executed in	n accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false inf	ormation submitted in a document to the Department of State
constitutes a third degree fel	ony as provided for in s.817.155, F.S.
Eric	Jones
	7/70/1/620
T	yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

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

Page 2 of 2