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COVER LETTER

	ew Filing Section eivision of Corporations
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for tiling.
Please retu	rm all correspondence concerning this matter to the following:
	Michael Packer Name of Person
	Name of Person
	Firm/Company
	550 Fairway Dr. \$104
	Address
	Deerfield Beach, FL 33441
	City/State and Zip Code
	Descriped Beach, FL 33991 City/State and Zip Code pocker m/R9mail. com E-mail address: (to be used for future annual report notification)
	nformation concerning this matter, please call:
	Michael Bocker at 561 579 8705 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
S125.00 Fi	ling Fee S130.00 Filing Fee & S155 00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) 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 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, ,		
modern	Spotlight	Group	6.66
(Must cont	ain the words "Limited Lis	ability Company, "L	.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
550 Fairway Dr. #104	SSO FALLURY FOR #104
Deersield Beach, FL 33441	Dearticle Bossels For 1994

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Pa	Pocker	
Na	ame	
550 Four We	ay Dr. #107	
Florida street address (P.O. Box NOT acceptable)		
Deerfield Beach	ch FC 3344/	
City	State Zip	

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 agents as provided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 30 AM 8: 23

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Michael Pocker 550 For way Dr. 104 Decribe Boach & 82441	
MGR	Station Mail 100 80957 Surger W. K. 120 Barry Restaul FL 284 83	
(Use attachment if necessary)		
the date of filing.)	I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
Signature of a member or	an authorized representative of a member.	

The name and address of each person authorized to manage and control the Limited Liability Company;

Filing Fees:

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

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

constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Perker

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

TALLAHASSEE, FLORIDA
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