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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

Division of Corporations	N.
SUBJECT: Venomous Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
James L	Name of Person
	Firm/Company
14142 SW	70 th Street
Archer,	FL 32618 City/State and Zip Code
TAMESLCAS E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
James L. Castyps at	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICIZED ORGANIZATION ORTHONIZATION TO THE CONTROL
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.IC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
14142 SW 70th St. 14142 SW 70th St. Archer, FL 32618
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: Vanues L. Castner Name
Florida street address (P.O. Box NOT acceptable)
ACCUCY FL 32619
daving 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 wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amiliar 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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MCR - Manager	
A110 7	The tank
	Names Light Ver
	1914 ph 5 70 70 70 71000
_	MINEL TO THE STATE OF THE STATE
AMER	Gary N. Fritz
	114 MONTOR AVE.
	Charleston, IL 61926
	
(Use attachment if necessary)	
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