[[800006318]

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PICK-UP WAIT MAIL
(Business Entity Name)
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DEPARTMENT OF STATE

SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: DEF Main tenance 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:	No While subject . In
Shederick Careen Name of Person	
470 S MLK B146	•
AT	
Montree 110 Fla 32304. City/State and Zip Code	
City/State and Zip Code fontella - mitchell a walno. Com	
E-mail address: (to be used for future annual report notification)	·
For further information concerning this matter, please call:	•
Special Green at (850) 524-4706	Some and the second in the sec
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified 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

ALL INDIVIDUAL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Vame:	- N	ĭ	E	CI	ľ	RT	A
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The name of the Limited Liability Company is:

(Must contain 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 Limited Liability Company is:

Principal Office Address:	Mailing Address:
470 MLK Blue	470 mck Black
monticello Fla	menteels ALA
32344	32 347

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: Florida street address (P.O. Box NOT acceptable) State

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 positionles registfred agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

, J	Title: "AMBR" = Authoriz "MGR" = Manager	zed Member	Name and Address:	3.	Popus strain.
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	(Use attachment if no	ecessary)			
	CLEV: Effective date.	if other than the date of filir	ng: (OPTIONAL)		
ARTIC			and cannot be more than five business days prior to or 90	days after	•
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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 constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)