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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Concep Name of Lin	+ Creators mited Liability Company
The enclosed Articles of Organization and fee(s) an	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	Name of Person
	Name of Person
2385 Old	Saint Augustine Rd.
	Address
Tellohassee	Florida 32301 En &
hall 1	Florida 32301 City/State and Zip Code 2345@Comcast. net ed for future annual report notification)
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, plea	
Jason R. Hall at	850 591-4391
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street Address
New Filing Section	New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain	Concept Contract the words "Limited L	edurs, iability Comp	LLC any, "L.L.C.," or "I	LLC.")	
ARTICLE II - Address: The mailing address and street add	 ress of the principal of	fice of the Lir	nited Liability Com	pany is:	
Principal	Office Address:		<u>Ma</u>	iling Address:	
		<u>d.</u>	1866 R	aymond Tucker (c) see, Fz. 32311	'd.
Tullahassee	, rl. 323	<i>11</i>		see , rc. 30311	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registratio	Registered Ag n.)	Agent's Signature gent. You must desi	e: gnate an individual or	
	Tas	on R.	Hall		
		Name		 	
	2385 Old	Saint	Augustine	Rd.	
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)		
•	Tallahassee City	, FL.	3230	2/	
•	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 agent as provided for in Chapter 605, F.S..

(CONTINUED)

SOUTH OF THE STATE OF

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason R. Hall 2395 Old Saint Augustine Rd. Tallahassee, Fr. 32301
MGR.	Kenneth Grice 1865 Raymond Tucker Rd. Tallahassee, Ft. 32311
(Use attachment if necessary)	
	cific and cannot be more than five business days prior to or 90 days after
e of filing.)	neet the applicable statutory filing requirements, this date will not be listed of State's records.
e of filing.) If the date inserted in this block does not meanment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be listed of State's records.
REQUIRED SIGNATURE: Signature of a me This document is execut L am aware that any false	neet the applicable statutory filing requirements, this date will not be listed of State's records.