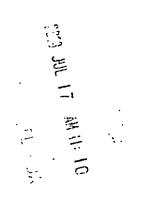
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Office Use Only



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## COVER LETTER

TO Nam Si	iling Section	•	•
TO: New Fi	on of Corporations		
		ents & Property Renovation	5 L
SUBJECT:	Truster	ents ? Property Personarion	,
SORIECT:	Name of Limited	Liability Company	
_			•
The enclosed A	rticles of Organization and fee(s) are sub	omitted for filing.	
Please return al	Il correspondence concerning this matter		
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	City	y/State and Zip Code	
	Tauest - I	NG Yahar Com	
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	- wing this matter please (	call.	
For further inf	formation concerning this matter, please	•	
	<del></del>	200 112 8219	
e e	seve / way and at	ca Code Daytime Telephone Number	
	Name of Person Ar	ta Code Bay IIII	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee / \$130.00 Filing Fee &	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Conv.	
3125.0011	Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy  Certified Copy	
		(additional copy is enclosed)	
	,		
•	•	Charle Address	
	Mailing Address	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	
	•	I amanassee, i is seed i	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "i.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  930 Milland SI  130 Mylon ST
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)
Tallihoon         EL         32.30/           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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIXED)
(CONTINUED).

AMBR" = Authorized Member  MGR" = Manager  AMBR (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  Coptional (OPTIONAL)  Coptional (OPTIONA		thorized to manage and control the Limited Liability Company:
(Use attachment if necessary)  E. V. Effective date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as meent's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional) \$3.5.00 Certified Copy (Optional)	itle:	Name and Address:
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ARTICLE IV-