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Division of Corporations
SUBJECT: A THE STEET RECORD'S  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:
Mariot OHEY AT
2924 Woodtich Dr Apt B
Tall, F. 323 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Mane of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S150.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee.  Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee.  Certificate of Status S160.00 Filing Fee.
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Clifton Building

Tallahassee, FL 32301

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:	All car's		
A ThE (Must conta	STEE+2 in the words "Limited Liability	Company, "L.L.C.,"	D'2	LLC
ARTICLE II - Address: The mailing address and street ac	dress of the principal office of	the Limited Liability (	Company is:	
<u>Principa</u>	l Office Address:		Mailing Addi	ress:
3937 Cm	1200 - 32305 -	ラ ラ ラ	<b>"</b>	
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	cannot serve as its own Registe			dividual or
The name and the Florida street a	ddress of the registered agent a	re:		
	Mador	CHEY	<del></del>	
	Florida street address (P.O. I	ACTIDIAN Box NOT acceptable)	D.D	
	City S	tate 2	5 <u>2312</u>	
aving been named as registered a	-1	•		• •

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. Thereby 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)

Registered Agent's Signature (RED

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member anager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to,or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED 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 signed

Filing Fees:

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

\$ 30.00 Certified Gopy (Optional)

\$ 5.00 Certificate of Status (Optional)

CORETARY OF STATE

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