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(Document Number)
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COVER LETTER

TO: New Filin Division o	ig Section of Corporations		
SUBJECT:	Tour A	America	
		Limited Liability Company	-
	les of Organization and fee(s		
r rease return an co	rrespondence concerning this	tanles	
	(Name of Person	
	To	ur America Firm/Company	18 SE
	•	Firm/Company	
	54	76 Fort Pd Address	ò
-		Address	
	Greerw	ood, Ha. 32443 City/State and Zip Code	2: 9
	da 100:00 500	City/State and Zip Code	
	denecter 590 E-mail eddress: (to be u	sed for future annual report notification)	
or further informati	on concerning this matter, ple	·	
Me	rita Stanley a	(850) 594-9980 ox (850) Area Code Daytime Telephone Number	209-0702
	Name of Person	Arca Code Dayune Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certificate (additional copy is enclosed) Certificate Certificate	of Status &
	Lailing Address ew Filing Section	Street Address New Filing Section	
D	ivision of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Taliabassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
70	ur Americ	, L L L L	
	ain the words "Limited Lia		L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street an	ddress of the principal offic	e of the Limited Lie	ability Company is:
Principa	l Office Address:		Mailing Address:
5476	Fort RL	7.	0. Box 6376
<u> </u>	wood, FL. 3244	<u> </u>	0. Box 6376 Macronny Fr. 32447
The name and the Florida street a	Merita	Stanley	
	5476 3	ort Rd	
	Florida street address (P	.O. Box NOT accep	ptable)
	City	Ha.	32443
	City	State	Zip
piace designates in this cernificate, ,	l hereby accept the appoint visions of all statutes relati	ment as registered a ing to the proper and	ove stated limited liability company at the gent and agree to act in this capacity. I I complete performance of my duties, and rovided for in Chapter 605, F.S
	Registated	eta Stanle Agent's Signature	(AEQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	Merita Stanbey 5476 Fort Re Greenwood, 710000 3244
	5476 FOYTRY
	Greenwood, 710ride 3244
Manager	
,	
	
(Use attachment if necessary)	
(One acceptancia it (Cocasa) y)	
EV: Effective date, if other than the date of filing	. (OPTIONAL)
E V: Effective date, if other than the date of filing extive date is listed, the date must be specific an	3: (OPTIONAL) ad cannot be twore than five business days prior to or 9
E V: Effective date, if other than the date of filing extive date is listed, the date must be specific and filling.) the date inserted in this block does not meet the	and cannot be those than five business days prior to or 9 applicable statutory filing requirements, this date will be
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5 5.00 Certificate of Status (Optional)