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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
(L).W.		

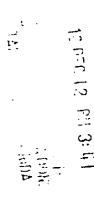
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## COVER LETTER

TO: New Filing Section Division of Corporations
$12^{1}$ $110$
SUBJECT: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:
Voise Paden
Name of Person
Quincy F1 32351  City/State and Zip Code
Alldress
Quincy F1 32351
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Voise Padentin (850) 210-8006
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy  (additional copy is enclosed)
San at Addition
Mailing Address New Filing Section  New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
raden Limited Liability	1 Com	Danie
TOBER ETHER	<u> </u>	
(Must contain the words "Limited Liability Company, "L.L.C.," or	"LLC."),	·

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4540 Capital Cir	POBOX 385 Meensbur F1

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:

Name

656 Liberty Rd

Florida street address (P.O. Box SOT acceptable)

1011 102 Florida street address (P.O. Box SOT acceptable)

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2010 DEC 12 FH 3: 55

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Was Padian
	656 Liberty Rd
	puincy #1 32351
NGL	,
7.70	
(Use attachment if necessary)	
he date of filing.)  Note: If the date inserted in this block doe the document's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.
REQUIRED SIGNATURE: /	
1/0	166
Signature	of a member or an authorized representative of a member.
This document is	
l am aware that ar constitutes authird	ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
• /	e Pader
<u>V018</u>	Typed or printed name of signee
	and the state of t
\$132 Mt Filing For for twister	Filing Fees: s of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	s of Organization and Designation of Registered Agent ച്ച് വ
\$ 5.00 Certificate of Status (	

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-