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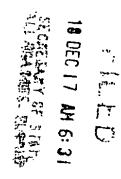
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporati	ons		
SUBJECT: HARRY	Name of Limited Lie	EL CONS	<u> </u>
The enclosed Articles of Organi	zation and fee(s) are submit	ted for filing.	
Please return all correspondence	concerning this matter to the	he following:	
HARRI	W.SATE	e of Person	
7053	WEBSTER	57	
MAVARY		1A 33546 ddress	
	City/State	and Zip Code	
E-mail	address: (to be used for futu	re annual report notification	on)
For further information concernit	ng this matter, please call:		
HARRY JA 1	erson at (XSI		Number
Enclosed is a check for the follo	owing amount:		
	tificate of Status LLCe	55.00 Filing Fee & rtified Copy tional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	<u>ress</u>	Street Address	
New Filing S		New Filing Section Division of Corporation	an.c
Division of C P.O. Box 63:		Clifton Building	шэ
Tallahassee,		2661 Executive Cente	r Circle

Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT:	1C1	F	1 -	N _a	me	
	ю.		LaCa		. 1.1	HILC.	

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Nailing Address:

Nailing Address:

NAITE TO SALTE TO SAL

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:

Harry W Latter

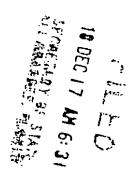
Florida street address (P.O. Box NOT acceptable)

MARRY 41A 325/10

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)



Title; "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	HARRY W JAMER 2053 WAR STER ST MAYBRREE FLORIDA 82504
* 	
(Use attachment if necessary)	
FICLE V: Effective date, if other than effective date is listed, the date mate of filing.) e: If the date inserted in this block.	does not meet the applicable statutory filing requirements, this date will not be list
FICLE V: Effective date, if other than effective date is listed, the date in date of filing.)	dust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
TCLE V: Effective date, if other than effective date is listed, the date in late of filing.) e: If the date inserted in this block document's effective date on the Defict. TICLE VI: Other provisions, if any.	dust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other that in effective date is listed, the date in late of filing.) e: If the date inserted in this block is document's effective date on the Deficte VI: Other provisions, if any. REOUIRED SIGNATURE:	Joes not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
FIGLE V: Effective date, if other that in effective date is listed, the date in late of filing.) e: If the date inserted in this block is document's effective date on the DeficLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document ham aware the	does not meet the applicable statutory filing requirements, this date will not be lis

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)