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PICK-UP	WAIT	MAIL
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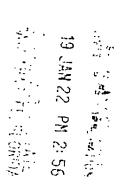
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COVER LETTER

TO:	New Filing Section Division of Corporations
SHD IE	FinnLaw, PL. T:
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	William Finn
	Name of Person
	FinnLaw
	Firm/Company
	12001 Research Pkwy, Suite 236
	Address
	Orlando, Florida 33826
	City/State and Zip Code wfim@wtinnlawcom
	E-mail address: (to be used for future annual report notification)
For furthe	information concerning this matter, please call:
	william finn 407 4937607
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee. Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}
	Vailing Address Street Address

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Final Law, PL LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
 E II - Address: ng address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12001 research pkwy	12001 research pkwy
suite 236	suite236
orlando Florida 33826	orlando Horida 33826
	orlando florida 33826 egistered Agent's Signature:

Name

12001 research pkwy

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

orlando fl 33826

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 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)

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

AMBR" = Authorized Member MGR" = Manager MGR	
	William Finn
	12001 research pkwy, Suite 236
	orlando FL 33826
	
Use attachment if necessary)	
55c attachment ii necessary)	
ent's effective date on the Department of VI: Other provisions, if any.	State's records.
REOUIRED SIGNATURE:	
EOUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
Signature of a member This document is executed	in accordance with section 605,0203 (1) (b), Florida Statutes.
Signature of a member This document is executed I am aware that any false in	in accordance with section 605,0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605,0203 (1) (b), Florida Statutes.
Signature of a member of a member of the second of the sec	in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State blony as provided for in s.817.155, F.S.
Signature of a member of a member of the second of the sec	in accordance with section 605,0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State blony as provided for in s.817.155, F.S.
Signature of a member of a member of the second of the sec	in accordance with section 605,0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State blony as provided for in s.817,155, F.S. Typed or printed name of signee
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Signature of a meml This document is executed I am aware that any false in constitutes a third degree f	in accordance with section 605,0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State blony as provided for in s.817,155, F.S. Typed or printed name of signee
Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State blony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent