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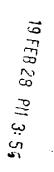


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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 2 & 6 Wholesale  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
tion Ngayen Name of Person
Name of Person
15 LU East AVE Address
Address  Parama (ity FL 32405  City/State and Zip Code  Henry 850 & Khow.com  E-mail address: (to be used for future annual report notification)
Henry 8508 Klw. con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Hen Ngujen at (850) 832 8165  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  Street Address  New Filing Section  Division of Corporations  Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

286 Whitele LL (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:

Mailing Address:

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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

1524 ESS + Ave

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

Parank City FL 32-105 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 IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	then Naven
(Use attachment if necessary)	
(If an effective date is listed, the date must be specifi the date of filing.)	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
REQUIRED SIGNATURE:	
This document is executed in I am aware that any false info constitutes a third degree fel-	er or an authorized representative of a member.  n accordance with section 605,0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817,155, F.S.
<u>Itien N</u>	sped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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