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COVER LETTER

	Filing Section ion of Corporations		
SUBJECT: _	Arshaga Name of Li	L.L.C. mited Liability Company	
	Articles of Organization and fee(s) a		
Please return a	II correspondence concerning this m	natter to the following:	
	Alexander	Michael Arsuaga Name of Person	
_			
	7384 Peterson	Lane	
		-ida 32506 City/State and Zip Code	
	alex. Southeastroofin E-mail address: (to be use	d for future annual report notification)	
For further info	rmation concerning this matter, plea	se call:	
A	ex Arsuaga at (at (Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:		
\$125.00 Filin		S155.00 Filing Fee & S160.00 Filing 1 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	atus &
	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, F1, 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liabi	L. L. lity 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:
7384 Peterson Lane	7384 Peterson Lone
Pensacola Florida 32506	7384 Peterson Lone Pensacola Florida 32506
ARTICLE III - Registered Agent, Registered Office. & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age	istered Agent. You must designate an individual or
7384 Peterson	O. Box NOT acceptable)
	State Zip
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appoint further agree to comply with the provisions of all statutes relation amplifular with and accept the obligations of my position as re	ment as registered agent and agree to act in this capacity. I ing to the proper and complete performance of my duties, and
alex a	Agento Signature (REQUIRED)
Registered	1 Agent@Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Myles Thomas Nicolay Treadwell Lane Wolfeboro, New Hampshire 03894
	Wolfeboro, New Hampshire 03894
AMBR	Syed Jarid Hyrsain Bokhari 203 N Kimbrel Ave Callanay, Florida 32404
MGR	Alexander Michael Arsuaga 7384 Peterson Lane Pensucota, Florida 32506
	
(Use attachment if necessary)	
CTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed
CTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does to	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
eTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does redocument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
eTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does redocument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days afte not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.

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)