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COVER LETTER

TQ: New Filing Section Division of Corporations
SUBJECT: North West Corso ENterprises LLC Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
P.O BOX 395
P.O BOX 395 Bothell, W4 98041
Address
City/State and Zip Code Jamie bian Crosso Dyahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

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

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Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North West Corso Enterprises LLC
(Must contain the words "Limited Liability Company, "L.L.C. For "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Panama Cil/Beach, FL Panama City Beach, FL Panama City Beach, FL Panama City Beach, 32413	<u>18</u> 13 13	⁻ 1	
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.)		2649 OC	
The name and the Florida street address of the registered agent are: $\frac{\int a m i^2 e^{-\beta} S \cdot 4 n C ro S \cdot S O}{\text{Name}}$	3355VW	31 -3 AH	
Florida street address (P.O. Box NOT acceptable)	TO STATE	(11)	ζ.
Panama C. Ly Beach Fl 324/13			

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)

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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 MGR	Jamie 19:60 Crosso 77515 1+:11+00 AVE. P.C.13 FL 324/13
	DCT T
	-3 At 11: 10
If an effective date is listed, the date must be be date of filing.)	ate of filing:
RTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Lemour
This document is exe I am aware that any f constitutes a third de	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Jamie	13; an crosso Typed 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)