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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

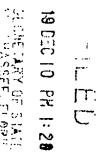




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CORPORATE ACCESS, _

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	UP: 12/9 Glinda	
	CERTIFIED COPY		
ХХ	РНОТОСОРУ		
	CUS		
xx	FILING	LLC	
l .	3 EVER INVESTMENT GROUP LLC (CORPORATE NAME AND DOCUMENT #)		
2. 3.	(CORPORATE NAME AND DOCUMEN	NT #)	
	(CORPORATE NAME AND DOCUME)	NT #)	
5.	(CORPORATE NAME AND DOCUMEN	NT #)	
).	(CORPORATE NAME AND DOCUME)	NT #)	
(CORPORATE NAME AND DOCUMENT #) PECIAL INSTRUCTIONS:			

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 3 Ever Java	Anne / Come
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
John R	Phillys
	Name of Person
John R.	Phillips, P.A. Firm/Company
	• •
2330 N. Hyshla	end the
	Address
Jampa, FL	33402 y/State and Zip Code awe find / (ow)
Cit	y/State and Zip Code
)ahnaphilly-si	awe gmailcom
E-mail address: (to be used for	or future anifual report notification)
For further information concerning this matter, please of	all:
John Phillips at () Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section 5
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 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 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:
9020 Grade ful Thumas Trul SAME # 316 Dampa, FL 33426
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:
The name and the Florida street address of the registered agent are: Dohn R Phillips A.
2330 N. thehlund Ave
Florida street address (P.O. Box NOT acceptable)
Jampa F1. 33602.
State Zip
daving 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 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)
/ Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR.	Saily joires	
	9020 Cratchel Thomas Tr/ #316	
	Jampa 12 33626	
MINION MOR	Christopher Warner	
	2904 W. 34H Sunt	
	Tampa, FC 33605	
	,	
		
(Use attachment if necessary)		
ARTICLE V: Effective date if other than the date	of filing: (OPTIONAL)	
	ecific and cannot be more than five business days prior to or 90 days after	
the date of filing.)		
	neet the applicable statutory filing requirements, this date will not be listed as	
the document's effective date on the Department	of State's records.	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	1-	
Sall In		

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Sally 10175 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)