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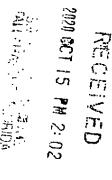
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## COVER LETTER

Division of Co				
SUBJECT: VEN	JEWEXUSD Name of Lin	nited Liability Company	***************************************	
	Name of Em	med madnity Company		
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
<u> </u>	on wis m	min Zodrique	: =	
		Name of Person		
		Firm/Company		
1800 Micros	sukee Comma	as Drive opt #1.	311, TAllahassec	F1. 32308
_		ridicas		
Tribu	ASSIG Florids	32308 ty/State and Zip Code D GMNL. COM		
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	E mail address: (to be used to	for Juture annual report notificati	)	
,	L-man address. (10 be used)	tor induce annual report notificati	on)	
For further information co	ncerning this matter, please	call:	20	
chines	MAD'. 1	313 <u>, 9479</u> 362	20 887	
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Enclosed is a check for t	he following amount:		38	<u> विच</u>
□\$125.00 Filing Fee	⊠\$130.00 Filing Fee &	□\$155.00 Filing Fee &	77	50-7 5-17 5-2 5-2
	Certificate of Status	Certified Copy	Certificate of Status &	E .
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	ed)
			,	,
<u>Mailin</u>	g Address	Street Address		
New F	iling Section	New Filing Section Di	vision	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## A ROYGUED OF OR GAI HOLACO OF HYORLIGUEROUL A GLIMOFFEE TU AGGLICHY COLMBARU.

West contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

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

ARTICLE 1 - Harse

ARTICLE II - Address:

The name of the Limited Liability Company is:

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1800 Hiccos Drive pat- FL 32308	ukee Commons 311 Tallahassee B	Dive	Hicosukee C PP+ 1311 Tall	ommons whassee	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	eat, Register ed Office, & Regis y cannot serve as its own Registe active Florida registration.)	otered Agent's red Agent, You	Signature: 1 must designate an indi	vidual or	
The name and the Florida street	address of the registered agent a  Sandka Conc  Name	_			
	3219 Bodmin Florida street address (P.O. I	<u> </u>	D(		
	Tallahassee F	tatc	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the appointmen provisions of all statutes relating to	ii as registerea t to the proper an	agent and agree to act to td complete performan:	n this cupacity. e of my auties, a	· ·
	Sandra Registered Ag	Conception Signature	OCION (REQUIRED)		
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Amil POLICE 174 The name and address of each person a	
Tinle:	Harre and Address:
"AINBR" = Authorized (Nember	
"MGR" = Manager	
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·. ( ==	1800 microspikee Common n. 15/1-1211
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