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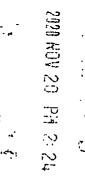
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SECRETARY OF STATE TALLAHASSEE, FL

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• COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Randolph Birsh Name of Person
	Name of Person
	750 Cly LLC Firm/Company
	Firm/Company
	488 NE 18th Street
	Address
	Miuni ti 33132 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Randyl Bush at (850) 766-6356 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□\$12	5.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORC	CAMEA HONFOR FLORIDATION	HTED LABITAT COMPANI
ARTICLE I - Name:		
he name of the Limited Liability Co	inparty is.	
7	50 club LLC	
	he words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the Li	imited Liability Company is:
Principal ()	ffice Address:	Mailing Address:
488 NE 18#	Street Suit 3801	
- Mami FI	33132	
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own Registered A	d Agent's Signature: Agent. You must designate an individual or
The name and the Florida street addr	ess of the registered agent are:	,
	Anthony Johnso	
	Anthony Johnson Name 736 Willia Ru	th William Lane
F	Florida street address (P.O. Box 1	
	Man F/	33/37

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..

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Randolph Bush
W (N	468 NE 1613 ST
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	Est Anthons 30hrson
MER	736 millio Pothwither
	Qury F1 323 I
	SF 20
	SECRETARY OF STAT
	m _ω α
(Use attachment if necessary)	' Ħ ←
ARTICLE V: Effective date, if other than the date	e of filing:
(If an effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	t of State's records.
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
12	
Signature of a n	comber or an authorized representative of a member.
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
constitutes a third degr	ee felony as provided for in s.817.155, F.S.
	dela Rosa
	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)