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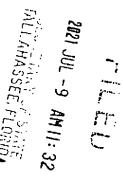
ATTAB PARTY JAKE

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COVER LETTER

	w Filing Sec				
		ada Pro	Pain Ting mited Liability Company	116	
		Name of Li	inted Clabinty Company		
The enclose	d Articles of	Organization and fee(s) ar	e submitted for filing.		
Please return	all correspo	ondence concerning this m	atter to the following:		
_	0	Wign C	ovada		
			Name of Person		
_			Firm/Company		
_	2	351 Hai	renbrook	ct	
			Address		
***	Tallo	Hasel poudaservices	Florida	323	03.
		c	ity/State and Zip Code	-1	
_	E.	-mail address: (to be used	for future annual report no	otification)	М.
For further inf		cerning this matter, please		······································	
:	, .				
<u> </u>	ULIAN	of Person A	786, 649	2190	
	Name	of Person Ar	rea Code Daytime Te	lephone Num	ber
Enclosed is a	check for th	e following amount:			
□\$125.00 Fi	iling Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee Certified Copy (additional copy is enclo	· Ce osed) Ce	\$160.00 Filing Fee, entificate of Status & rtified Copy it itional copy is enclosed)
	Mailing	Address	Street Address	S	

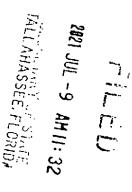
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	lompany is:					
60	ada Pvo the words "Limited L	Pai	iting	Lld	/	
(Must contain	the words "Limited L	iability Cor	npany, L.L.	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	ess of the principal of	Tice of the I	imited Liabi	lity Company is	s:	
2351 Ho	Office Address: EVLN brook	et.		Mailing A	ddress:	
tatletaser	FL 3230	53				
ARTICLE III - Registered Agent, The Limited Liability Company car mother business entity with an activ the name and the Florida street add	nnot serve as its own I we Florida registration ress of the registered:	Registered A n.) agent are:	ngent. You n	oust designate a		
	duliar	1 60	ada			
	2351 Have	Name USYOU	2c et	Tallat	- Jaser F1. 3	23
· · · · · · · · · · · · · · · · · · ·	noriua street address	(L.O. DOY !	tor accepta	orc)	-	
,	Talla Hasee	F2	323	03		
	City	State		Zip	_	
wing been named as registered ager ace designated in this certificate, I he other agree to comply with the provis I familiar with and accept the obliga	ereby accept the appoi sions of all statutes rela	intment as re ating to the	egistered age proper and c	nt and agree to omplete perforn	act in this capacity. I tance of my duties, and	
	Register	ed Agent's	Signature (R	EQUIRED)		

(CONTINUED)



(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) be: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as educument's effective date on the Department of State's records. REQUIRED SIGNATURE: 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 figure 337.1155, F.S. Typed or printed name of signee S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Auti	porized Member	Name and Address	<u>s:</u>		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:			Julia u	Covala		
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) In each of filing, and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Incle VI: Other provisions, if any. REOURED SIGNATURE: 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 far-in-s.817.155, F.S. Typed or printed name of signee Filling Fees \$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 3.0.00 Certificate of Status (Optional)	. 1					
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			~			
	S 30.00 Certific	d Copy (Optional)	nization and Designation of	Registered Agent	282)	
	\$ 5.00 Certific	ate of Status (Optional)			is = 1	

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

ARTICLE IV-