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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER	
TO: New Filing Section Division of Corporations	
Division of Corporations Division of Corporations Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lisa Durden	
Name of Person	
Dism/Company	
Firm/Company	
5287 Portrush Ct	
Address	
Colombus GA 31909	
City/State and Zip Code Idurden Q knology, net 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 & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed))

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Ambr	James Mr. Durden
	1010mbs5, EA 3 1989
Mar	1:40 P Dunden
	5387 PGC+ - WG CT
	- Calcabus, 64 31909
	-
(Use attachment if necessary)	
•	
CLEV: Effective date if other than the d	date of filing: (OPTIONAL)
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Filing Fees:

Typed or printed name of signee

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.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	Ì	-	N	la	m	e	
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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:
5287 Portrush Ct Colombus RA 21919	2257 Partrush Ct

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:

Florida street address (P.O. Box NOT acceptable)

City State Zin

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)