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(Requestor's Name)
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PICK-UP WAIT MAIL
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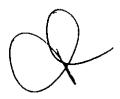




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1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

172 Hickory Hill, LLC
FOR OFFICE USE ONLY
PICK ONE: CERTIFIED COPYPHOTOCOPYC.U.S.
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIPFICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENTFOREIGN QUALIFICATIONJUDGMENT LIENOTHER
RETRIEVAL: GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY Of APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country Amount of Documents DATE/27/2/TIME
Notes:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

172 Hickory Hill, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ing address and street address of the principal office	of the Limited Liability Company is:
	, , ,
ling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address
iling address and street address of the principal office Principal Office Address: 4559 Eden Bay Drive	, , ,

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:

ARTICLE 1 - Name:

Universal Registere	d Agents, Inc.	
	Name	
1317 California St.	_	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Tallahaassee	Fl.	32304
City	State	Zip

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)

2121 AUG 27 AM 9: 34

ARTICLE IV-

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

Title:			
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Jameson Richard		
	4559 Eden Bay Drive St. Augusitine, FL 32084		_
	St. Augustine, 115 32004		
			_
	· · · · · · · · · · · · · · · · · · ·		_
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(Use attachment if necessary)			
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