

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	= #)
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SECRETARY OF STATE TALLAMASSE OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Profit Moau Invest (Must contain the words Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Elimited Liability Company is:
Principal Office Address:	Mailing Address:
2912 Edenderry Dr.	same
THUHAUSSEE EL 37309	
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registere mother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:
T - 11 F	V II.

Jonathan	E. K	elly	
Name /			
2912 Eder	nderry	Dr.	
Florida street address (P.O. Box NOT acceptable)			
Tallahassee	FL	323 09	
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 in familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV. The name and address of each person authorized to manage and control the Limited Liability Company: "AMBR" = Authorized Member Name and Address: "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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 of State's records. ARTICLE VI: Other provisions, if any, 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 for in s.817.155, F.S. Jonathan 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)

CRETARY OF