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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
ed Copies	Certificates	of Status
at Instructions to	Filing Officer	

Office Use Only



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SECRETARY OF STATE

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### COVER LETTER

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TO: New Filing Section Division of Corporations  SUBJECT:   SUBJECT:   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:
Muhille Gurau  Name of Person
Firm/Company  1031 Augusta National DY #312  Address  Ordan do Fl 32822 AFF B  City/State and Zip Code  Manual Gar 95 (a Grand Company)  E-mail address: (to be used for future annual report notification)  Fig. 5.
For further information concerning this matter, please call:  \[ \sum_{\text{11TD}} \text{QWQW} \\ \text{Name of Person} \\ \text{Area Code} \\ \text{Daytime Telephone Number} \]  Enclosed is a check for the following amount:
S125.00 Filing Fee Status S130.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Status S160.00 Filing Fee, Certificate of S160.00 Filing Fee, Certificate Of S

## 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

ARTICLE I - Name:

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:
1001 38th St. 6031 (Way 8th Nutronal Day) 132822 #312
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:  MUNUL SURCIU  Name  1031 MAN Sta National Dr. 4372  Florida street address (P.O. Box NOT acceptable)  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. Justifier agree to comply with the provisions of all statutes relating to the proper and complete performance of my deties, and 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)

Title:	Name and Address:
"AMBR" = Authorized Mei "MGR" = Manager	Joe Curet 0 3rd
VP	Orlando, 11 32805
	1001 38th Stack -1001 38th Stack Oplando 19 32805
	Urlando, Pl 32803
(Use attachment if necessar	y)
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this bloom	r than the date of filing:
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this blood document's effective date on the	r than the date of filing:
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RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this block document's effective date on the RTICLE VI: Other provisions, if a REQUIRED SIGNATULE Signature.	r than the date of filing:

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)