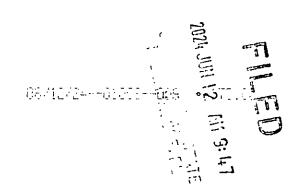
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COVER LETTER

SUBJECT: New Filing Section 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: Tae Name of Person Name of Person
25 May LLO.
13050 Gran Bay PKay Unit 1446 Address
Traksonville, FL 32258
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Vench Stringfield 1004 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee

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:
Principal Office Address: SOO Gran But SOO Gran But Principal Office Address: Principal Office Address: Principal Office Address: SOO Gran But Principal Office Address: Principal Office Address:
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: Talnodh Maric Stringfield
Florida street address (P.O. Box NOT acceptable)
Jack Son VIII FL 3238 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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Talkoah Marie Stranger 13050 Gran Bay Shugy Vaksan Ville FL Slass	ing fidd
the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of	ific and cannot be more than five business days prior to et the applicable statutory filing requirements, this date w	or 90 days after
ARTICLE VI: Other provisions, if any.		2004
This document is executed I am aware that any false in constitutes a third degree for the second state of the second seco	ther or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155. F.S. Typed or printed name of signee	

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

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)