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COVER LETTER

TO: New Filing Se Division of C			
SUBJECT, Last	Florida K Name of Lin	mited Liability Company	1LC
The enclosed Articles of	of Organization and fee(s) ar	e submitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	2
	Fric A	1000	025 J
		Name of Person	
	Florida	Rost Special,	st 22°C 3
		Firm/Companý	9.
	1312 Ca	classa Rd. Address	2025 JAH 16 AM 9: 47
	Jacksonville	F/. 322/	<u>//</u>
	Q 1. C. F . 12 0	ity/State and Zip Code	
	E-mail address: (to be used	c (2 2 mail, co	ion)
	oncerning this matter, please		······,
		904) 993-9 rea Code Daytime Telephon	990 T
Nan	ne of Person Ar	rea Code Daytime Telephon	ne Number
Enclosed is a check for t	he following amount:		
Æ\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F	g Address iling Section on of Corporations	Street Address New Filing Section Di The Centre of Tallaha	ivision assee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	'ICI	E I	-	Name:	:
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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:	<u>Ma</u>	ailing Address:	
	-letta Rd. W.	P.O. Jackson	Bex 600	322 GE
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own Registe	stered Agent's Signature	e:	
The name and the Florida street ac	Idress of the registered agent a	Aures		9: 1/7
		Box NOT acceptable)		

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..

istered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	_
MGR	Frie Aures
	Jacksonille F1. 32260
1116R	- Viceiais Aures
	La Saute LA 70500 B
	The state of the s
	
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
(If an effective date is listed, the date must be spe	cific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	· · · · · ·
	A contract of
Signature of a mer	nber or an authorized representative of a member.
his document is execute	d in accordance with section 605.0203 (1) (b) Florida Statutes
constitutes a third degree	information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
L.	Typed or printed name of signee
	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 Section 1

\$ 5.00 Certificate of Status (Optional)