

L99000005946

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gooding/Ogden/Ally, L.C.

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____ LTD Partnership File _____
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✓ ____ L.C. File _____
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____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
✓ ____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 22 AM 10:07

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

GOODINGS/OGDEN/ALI, L.C.

FILED
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DIVISION OF CORPORATIONS
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ARTICLE I - NAME

The name of the limited liability company is

GOODINGS/OGDEN/ALI, L.C.

ARTICLE II - PLACE OF BUSINESS

The initial mailing and street address of the limited liability company shall be: 2343 Apopka Boulevard, Apopka, FL 32703, but this limited liability company may establish and maintain its principal office and other offices at such other places in the United States of America, its colonies or dependencies and in any foreign country as the members of the limited liability company may from time to time determine. This company is organized for the purposes of any and all legal activity.

ARTICLE III - DURATION

The period of this limited liability company's duration shall be a perpetual period from the date of filing of these Articles of Organization with the Florida Department of State.

ARTICLE IV - MANAGEMENT

The limited liability company is to be managed by a manager or managers selected from time to time by a majority of the members. The initial manager and his address who shall serve until the first annual meeting of the members or until their successor is duly elected and qualified, is:

NICK BIELLO
2343 Apopka Boulevard
Apopka, FL 32703

ARTICLE V - INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent of this limited liability company is Arthur Baron, 640 North Hillside Avenue, Orlando, FL 32803.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members by two-thirds vote of all current members to be effective upon such prospective members agreeing in writing to assume any obligations of a member which may be set forth in the regulations adopted by the limited liability company from time to time.


ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: The business of the limited liability company shall continue notwithstanding the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which results in the termination of the continued membership of a member in this limited liability company, provided all of the remaining members shall agree in writing.

ARTICLE VIII - AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of GOODINGS/OGDEN/ALI, L.C. certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$ 1,500.00 ;
- 3) if any, the agreed value of property other than cash contributed by members is \$ -0- ;
(A description of property is attached & made a part hereto);
- 4) and the total amount of cash and property contributed and anticipated to be contributed by members is \$ 1,500.00.


_____, Attorney at Law
Signature of a member or an authorized
representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arthur Baron
Typed or printed name of signee

STATE OF FLORIDA
COUNTY OF ORANGE

21st The foregoing instrument was acknowledged before me this
day of September, 1999, by Arthur Baron, Attorney at Law,
who is personally known to me or ~~who has produced identification~~
N/A, and who ~~did~~/did not take an oath.



Julia C. Common
MY COMMISSION # CC537933 EXPIRES
April 11, 2000
BONDED THROUGH TROY FAIN INSURANCE, INC.

Julia C. Common
Notary Public, State of Florida
at Large

Julia C. Common
Typed Name of Notary Public

My Commission Number and
Date of Expiration:

GOODINGS/OGDEN/ALI, L.C.


**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
GOODINGS/OGDEN/ALI, L.C.
2. The name and the Florida street address of the registered agent are:

Arthur Baron
640 North Hillside Avenue
Orlando, FL 32803

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


ARTHUR BARON

Filing Fee: \$35 for Designation of Registered Agent