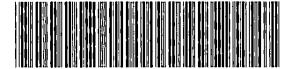
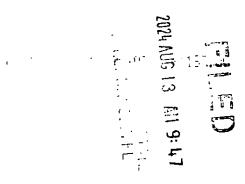
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| (Requestor's Name) |
|---|
| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Dusiness Ching Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: TO MOD MANUACHENT MANUAL 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: |
| Tevera Jordan |
| Name of Person |
| To Droperty Management |
| Firm/Company) |
| HOST North Monroe St |
| Aggress |
| Tallahable Fl 34303 City/State and Zip Code |
| To management to mail con |
| E-mail address: (to be used for litture annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (SSD) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| US125.00 Filing Fee |
| Mailing Address Street Address |
| New Filing Section New Filing Section Division |
| Division of Corporations The Centre of Tallahassee |
| P.O. Box 6327 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| (Musi 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: HOST Now the Workness: Walling Address: HOST Now the Workness: | |
| Tallahasser, FT 32303 Tallahasser, FT 32303 | |
| 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: Company Name Name | |
| arther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)

| The name and address of each person a | uthorized to manage and control the Limited Liability Company: |
|---|--|
| Title: | Name and Address: |
| "AMBR" = Authorized Member "MGR" - Manager | |
| MGR | Tevela Tourdon |
| | 16 11 Spring wood Thire |
| | - 1000 - 100 |
| MAX | Curtis where |
| , | To 11 Martin Ellaward 3t. |
| | -10/10/10/000 / F1 - 2 12/03/ |
| | |
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| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date if other than the date | e of filing: (OPTIONAL) ———————————————————————————————————— |
| (If an effective date is listed, the date must be s | pecific and cannot be more than five business days prior to or 90 days after |
| the date of filing.) | meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Departmen | of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| | |
| REOUIRED SIGNATURE | |
| /ereh | Moman |
| Signature of a n | tember of an authorized representative of a member. uted/in accordance with section 605.0203 (1) (b), Florida Statutes. |
| I am aware that any fals | se information submitted In a document to the Department of State |
| constitutes a third degree | excellency as provided for in s. \$17.155, F.S. |
| _1E E | Typed or printed name of signee |
| | · Lynch of Didded Dame of Clares |

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)

Same of the same

ARTICLE IV-