## L03000056307

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600025501476

12/17/03--01045--011 \*\*125.00

C3 DEC 17 FILL 18

3 DEC 17 FH 1:1

W3-56307

## TRANSMITTAL LETTER

Registration Section TO: Division of Corporations

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SGH (Firm/Company)

Dorchester Si

For further information concerning this matter, please call:

Scatt Haskell at (402) 929 993 (Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:** Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I DOMBINE ENVIRED DE L	DIENT COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
5.6 H L.L.C	-
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1122 Dorchester St.	1122 Porchesterst
ORANDO FI 32803	ORIANDO F/ 32803
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Name	stered agent are:
Florida street address (P.O. Bo	x NOT acceptable) ≥ S
City, State, and Z	FLORIDA 32603 HASSELLARY
g been named as registered agent and to accept service my at the place designated in this certificate, I hereby a	

Having been named as registered agent and to accept service of process for the above stated limited fiability? 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MSRM	Scott Haskell 1122 DORCHESTE ST ORLANDO F/ 32803
(Use attachment if necessary)	

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

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

Typed or printed name of signee

RETARY OF STATE AHASSEE, FLORIDA

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)