

L05000113527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

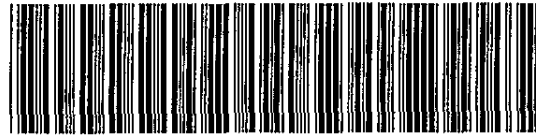
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*  
11/28

Office Use Only



900061395719

EFFECTIVE DATE  
11/16/05

11/16/05--01017--012 \*\*130 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 2:15

APPROVED  
AND  
FILED

### COVER LETTER

EFFECTIVE DATE \_\_\_\_\_

TO: Registration Section  
Division of Corporations

SUBJECT: Guess Who Cares LLC  
(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:

Donald Meyer  
(Name of Person)

Guess Who Cares LLC  
(Firm/Company)

P O Box 238613  
(Address)

Port Orange FL 32123  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Meyer at (386) 682-2418  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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)

**Mailing Address**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street/Courier Address**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EFFECTIVE DATE  
11/21/06

Guess Who Cares LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

X 1888 SILVER FERN RD.  
DAYTONA BEACH, FLORIDA  
32128

PO Box 238613  
Orlando, FL 32823

**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:

Donald Meyer  
Name

X 1888 SILVER FERN RD.  
Florida street address (P.O. Box **NOT** acceptable)  
DAYTONA BCH, FL 32128  
City/State, and Zip 32128

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 608, F.S..

X Donald Meyer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 2:16

APPROVED  
AND  
FILED

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Donald Meyer  
X 1888 SILVER FERN RD.  
X DAYTONA BEACH, FL 32128

MGR

Kathi Delp  
X 1888 SILVER FERN RD.  
X DAYTONA BEACH, FL 32128

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-1-2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

X Donald Meyer / Kathi Delp  
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.)

X DONALD H. MEYER / Kathi S Delp  
Typed or printed name of signer

**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)

\$ 130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 PM 2:16

APPROVED  
AND  
FILED