# L09000113784

(R	Requestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #	*)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				
<u></u>				

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11/09/09--01010--024 \*\*155.00

Effective Date 11/11/09

09 NOV -9 PM 3: 09

FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

NOV 3 0 2009

**EXAMINER** 



### **COVER LETTER**

TO:	Registration Division of C	Section Corporations				
SUBJI	ECT:	County High Sch	100l (	Calend	ar Girl C	ontest LLC.
		Name of Limi				·
The en	closed Articles	of Organization and fee(s) are	submit	ted for fil	ing.	
Please	return all corres	spondence concerning this ma	tter to tl	he followi	ng:	
		[		Stenge	1	
			Name	of Person		
	<del></del>					
			Firm/	Company		
	2404 Crews Lk Hills Loop North Address					
	· ·			FL 33		
_		dsteng	el@ta	mpaba	y.rr.com	
		E-mail address: (to be used		re annual re	port notificati	on)
For fur	ther information	n concerning this matter, pleas	e call:			
		ora Stengel	at (	863		944-1422
	Name	e of Person		Area Co	de & Daytime	Telephone Number
Enclos	ed is a check t	for the following amount:				
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	ertified C	ing Fee & Copy opy 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		Registra Divisio Clifton 2661 E	Courier Add ation Section of Corpora Building xecutive Cen assee, FL 323	tions ter Circle



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 NOV 25PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 10, 2009

DEBRA STENGEL 2404 CREWS LAKE HILLS LOOP NORTH LAKELAND, FL 33813

SUBJECT: COUNTY HIGH SCHOOL CALENDAR GIRL CONTEST LLC

Ref. Number: W09000049851

We have received your document for COUNTY HIGH SCHOOL CALENDAR GIRL CONTEST LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 9, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00035305

## Effective Date 11/11/09

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
County High School Calence (Must end with the words "Limited Liabili			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2404 Crews Lk Hills Loop North Lakeland, FL 33813	2404 Crews Lk Hills Loop North Lakeland, FL 33813		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:		
Debra Sto	engel		
Name			
2404 Crews Lk Hi	lls Loop North		
Florida street address (P.O.			
Lakeland 33813	FL		
City, State, ar	<del> </del>		
Having been named as registered agent and to a	accent service of process for the above stated limited		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF CORPORATIONS

### Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	<del></del>
MGRM	Connie Marshall
	3076 Highlands By The Lake Way Lakeland, FL 33813
	Lakelallu, FL 33013
MGRM	Debra Stengel
	2404 Crews Lk Hills Loop North
	Lakeland, FL 33813
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	te of filing: November 11 2009 . (OPTIONAL)
	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
Signature of a member of	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.)

Debra Stengel
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 Status (Optional)

09 NOV -9 PM 3: 09