

L09006113784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

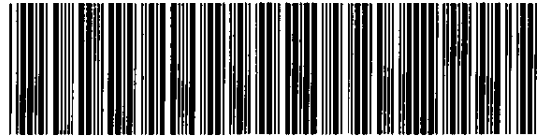
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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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 CORPORATIONS

T. HAMPTON

NOV 30 2009

EXAMINER

10864-600

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: County High School Calendar Girl Contest 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:

Debra Stengel

Name of Person

Firm/Company

2404 Crews Lk Hills Loop North

Address

Lakeland, FL 33813

City/State and Zip Code

dstengel@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Stengel

Name of Person

at (**863**)

944-1422
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



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 I - Name:

The name of the Limited Liability Company is:

County High School Calendar Girl Contest LLC.

(Must end with 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:

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 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:

Debra Stengel

Name

2404 Crews Lk Hills Loop North

Florida street address (P.O. Box **NOT** acceptable)

Lakeland 33813 FL

City, State, and Zip

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..

Debra Stengel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 PM 3:09

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:

MGRM

Connie Marshall

3076 Highlands By The Lake Way

Lakeland, FL 33813

MGRM

Debra Stengel

2404 Crews Lk Hills Loop North

Lakeland, FL 33813

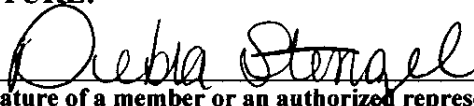
(Use attachment if necessary)



ARTICLE V: Effective date, if other than the date of filing: November 11 2009 (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:



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.)

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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS