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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

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FLORIDA LIMITED LIABILITY CO.  
collie & collie investments, llc

Certificate of Status	0
Certified Copy	1
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D. BRUCE

MAY - 4 2010

EXAMINER

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COVER LETTER

TO: REGISTRATION SECTION - DIVISION OF CORPORATIONS  
SUBJECT: NAME OF LIMITED LIABILITY COMPANY: COLLIE & COLLIE INVESTMENTS, LLC

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

Please return all correspondence concerning this matter to the following:

NAME OF PERSON: NATASHA D. MAYNE, ESQ.

FIRM/COMPANY: THE MAYNE LAW GROUP, P.A.

ADDRESS: The Crexent Building, 12555 Orange Drive, DAVIE, FL 33330

E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION): Abe Christopher Collie; chriscolleassociates@yahoo.com

For further information concerning this matter, please call: NATASHA D. MAYNE, ESQ. at 786.663.2911, NMAYNE@MAYNELAWGROUP.COM

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) \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**COLLIE & COLLIE INVESTMENTS, LLE**

**ARTICLE II - Address:**

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

<b>Principal Office Address:</b>  5717 NW 82 Ave. Tamarac, FL 33321	<b>Mailing Address:</b>  5717 NW 82 Ave. Tamarac, FL 33321
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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

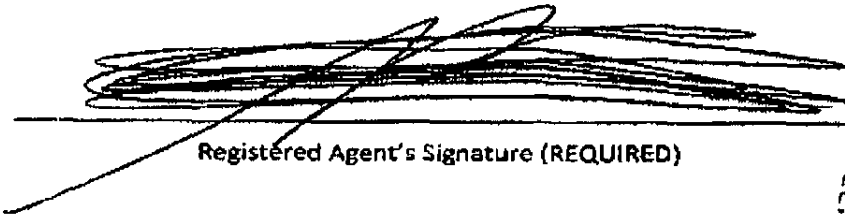
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name: Natasha D. Mayne, Esq.

Florida street address (P.O. Box NOT acceptable): The Mayne Law Group, P.A., 12555 Orange Drive, Suite 262, Davie, FL 33330.

*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)

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**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:
Manager	Abe Christopher Collie 5717 NW 82 Ave. Tamarac, FL 33321
Manager	Patricia Montague-Collie 5717 NW 82 Ave. Tamarac, FL 33321

**ARTICLE V - Effective date, if other than the date of filing: N/A (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:**



\_\_\_\_\_

Abe Christopher Collie  
(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.)

**Abe Christopher Collie**  
Typed or Printed Name of Signee

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