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D. BRUCE

MAY 19 2010

EXAMINER

COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: SOUTH FLORIDA CO	URT REPORTING LLC	
	ne of Limited Liability Company	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
JANINE STANISLAW		
	Name of Person	
SOUTH FLORIDA COURT R	EPORTING LLC	
	Firm/Company	
12360 NW 77 MANOR	·	
	Address	
PARKLAND, FL 33076	<u> </u>	
	City/State and Zip Code	,,,,
JANINERPR@AOL.COM	€E -	4746.5
	(to be used for future annual report notification)	ī
For further information concerning this ma	atter, please call:	1 .
JANINE STANISLAW	at (954) 629-3287	, Marie
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following a	:mount:	
■\$125.00 Filing Fee ■\$130.00 Filin Certificate of		
Mailing Addres Registration Sec Division of Cor P.O. Box 6327	tion Registration Section	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compan	ny is:		
SOUTH ELODIDA COURT REPOR	TING LLG		
SOUTH FLORIDA COURT REPOR			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	he principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
12360 NW 77 MANOR	12360 NW 77 MANOR		
PARKLAND, FL 33076	PARKLAND, FL 33076		
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another		
The name and the Florida street address of	Tr		
JANINE STANISLAW			
	Name TS 3 II		
12360 NW 77 MANO	R S T		
Florida stre	et address (P.O. Box NOT acceptable)		

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..

City, State, and Zip

FL 33076

Registered Agent's Signature (REQUIRED)

PARKLAND

(CONTINUED)
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:

	= Manager I" = Managing Member	Name and Address:	
MGRM	— ivianaging iviender	JANINE STANISLAW	
		12360 NW 77 MANOR	
		PARKLAND, FL 33076	
*		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
			1.00 1.00 1.00
(Use atta	chment if necessary)		
ARTICLE V: E	ffective date, if other than the d	late of filing:	. (OPTIONAL)
If an effective d		specific and cannot be more than five	business days prior
<u>REQUII</u>	<u>RED</u> SIGNATURE:		25
	Donnie	Mayeur	10 MA
	Signature of a member	or an authorized representative of a membe	F. SS. 18
	(In accordance with section of this document constitute that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjuin are true.)	THE STATE OF THE S
	JANINE STANISLAW		
	Турс	ed or printed name of signee	2. 6

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)