

DE 8.2010 4:11PM

KANETSKYMOOREDEBOER

NO. 1569 P.

Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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Account Number : 075350000267
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FLORIDA LIMITED LIABILITY CO.
Elizabeth Parker LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

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DEC - 9 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Elizabeth Parker 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:20 Inlets BlvdNokomis FL 34275**Mailing Address:**20 Inlets BlvdNokomis FL 34275**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:

Elizabeth Nurick

Name

20 Inlets BlvdFlorida street address (P.O. Box **NOT** acceptable)NokomisFL 34275

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.

Elizabeth Nurick

Registered Agent's Signature (REQUIRED)

(CONTINUED)

THIS INSTRUMENT PREPARED BY
Erik R. Lieberman
Attorney At Law
P.O. Box 178701
Venice, Florida 34284-1767
(941) 486-1671
Fla. Bar #393053

Page 1 of 2

H10000264042

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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:

MGR

Elizabeth Nurick

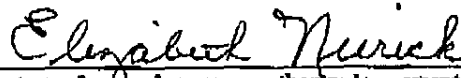
20 Inlets Blvd

Nokomis FL 34275

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Elizabeth Nurick

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)**

THIS INSTRUMENT PREPARED BY
Erk R. Lieberman
Attorney At Law
P.O. Box 176701
Venice, Florida 34284-1767
(941) 466-1571
Fla. Bar #393053

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