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(Requestor's Name)			
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(0): (0): (7): (7): (9)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
· ·			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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06/02/11--01016--022 **130.00

C. LEWIS JUN 3 2011 **EXAMINER**

COVER LETTER

o: Registration Section	
Division of Corporation	ns
SUBJECT: Staging to	Sell Deena, L.L.C
(Name of Limi	ted Liability Company)
The enclosed Articles of Organiz	ation and Fee(s) are submitted for filling.
Please return all correspondenc	e concerning this matter to the following:
Deena M. Nov	otny
(Name of Pers	son)
(Firm/ Compa	ny)
5116 Pinnacle	Dr.
(Address)	
Oldsmar, FL 34	677
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
Deena Novotny	at 1-727-452-1425
(Name of Person)	(Area code & Daytime Telephone Number)

Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTIGUEL		
ARTICLE I – Name:		
The name of the Limited Liability Company is:		承 。 宣
Staging to Sell Deena, L.L.C.	2011 JUN-2 SEGRETARI PALLAHASSI	
(Must end with the words, "Limited L	EST 1	
		SE N
ARTICLE II- Address:		
The mailing address and street address of the p		
·		anners à com
Principal Office Address:	Mailing Address:	
5116 Pinnacle Dr.	5116 Pinnacle Dr.	•
Oldsmar, FL 34677	Oldsmar, FL 34677	
• • • •	red Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivi	idual or another business
The name of the registered agent and Florida st	treet address are:	
Deena M. Novotny		
(Name)		
5116 Pinnacle Dr.	_	
(Florida street address (P.O	. Box not acceptable)	
Oldsmar, FL. 34677		
(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 the 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 obligation of my position as registered agent as provided for in chapter 608,F.S..

(Registered Agent's Signature (REQUIRED)

(Continued)
Page 1 of 2

		2011 JUN -2 PH 11 22
Article IV- Manà	ger(s) or Managing Member(s):	201
The name and addre	ess of each Manager or Managing Member is as follows:	JUN -9 BU
		SECRETARY OF STATE PARE AHASSEE FEORIDA
Title:	Name and Address:	FALL AHASSY OF STATE
"MGR" = Manag	er	TASSEE FLORINA
"MGRM" = Man	aging Member	
MGRM	Deena M. Novotny	
	5116 Pinnacle Dr.	
	Oldsmar, FL 34677	
MGRM	John R. Novotny	
	5116 Pinnacle Dr.	
	Oldsmar, FL 34677	
(Use attachment if n	ecessary)	
	-	av 31, 2011 (OPTIONAL)
(if an effective date the date of filing.)	is listed, the date must be specific and cannot be more than f	ive business days prior to or 90 days after
REQUIRE	ED SIGNATURE:	
	Deery M. Nort.	 -
	Signature of member or an authorized representative	re of member.
	(in accordance with section 608.408(3), Florida Statut	,
	Of this document constitutes an affirmation under the	e penalties of perjury
	That the facts stated herein are true.)	
	Doons M. Noveter	
	Deena M. Novotny	

Filling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee