## L01000004997

Susie's Help Susie Green 1816 35 Ave. Vero Beach, FL 32960

400003831314---0 -03/12/01--01125--010 \*\*\*\*\*125.00 \*\*\*\*\*125.00

Enclosed is \$125.00 Juling February & Serverely, Serverely, Sucie Green Stel-770-1269
5161-559-7707

106/1,



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 2001

SUSIE GREEN 1816 35 AVENUE VERO BEACH, FL 32960

SUBJECT: SUSIE'S HELP L.L.C. Ref. Number: W01000005879

We have received your document for SUSIE'S HELP L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 487-6020.

Tammi Cline Document Specialist

Letter Number: 901A00015833

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Susie's Help

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and s 1816 35 AV, Vero Beach,	street address of the principal office of the Limited Liability Compa	ny is:
ARTICLE III - Register	red Agent, Registered Office, & Registered Agent's Signature:	記録
The name and the Florida street address of the registered agent are:		PET VIII
	Susie Green  Name  Name  Name  Name  Not Beach Fl. 32960  Florida street address (P.O. Box NOT acceptable)  FL  City, State, and Zip	ARY OF STATE ASSEE, FLORIDA
liability company at the pregistered agent and agrastatutes relating to the pr	egistered agent and to accept service of process for the above stated lolace designated in this certificate, I hereby accept the appointment age to act in this capacity. I further agree to comply with the provision roper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 608, F.S  Registered Agent's Signature	s ns of all and
	ent (Check box if applicable.) ity Company is to be managed by one manager or more managers ar nanaged company.	nd is,
(An ad	Iditional article must be added if an effective date is requested)  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.)	
	Typed or printed name of signee	·

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)