. LOZOODAR WU5.

00789-00623-00	671	
Department of State Division of Corporations 3 10/28 A UC P.O. Box 6327 Tallahassee, FL 32314	Espa Car	
SUBJECT: Proposed limited liability company name	- must include suffix)	nih
		9410873 16/020107401 *160.00 ****160.
Enclosed is an original and one (1) copy.	<u> </u>	
Filing fee for articles of organization of Florida Limited	Liability Company:	
\$100.00 Filing fee for Articles of Organiz \$ 25.00 Designation of Registered Agent	ration -	
A letter of acknowledgement will be issued free of charadditional \$5 if a certificate of status is needed. The fee Please send one check for the total amount ma	for a <u>certified copy</u> is	\$30.
Department of State.	=	F11 02:00T 20 - MLARY
FROM: Debota S	douchon.	A POPULAR PROPERTY OF THE PROP
1009 034 C	role_	
Palm Hat bot City, State & Zip	FL 3418	3
(7)7 781-709 Daytime Telephone num	ober	
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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 17, 2002

DEBORAH S. ROUCHON 1009 OAK CIRCLE PALM HARBOR, FL 34683

SUBJECT: DEBORAH S. ROUCHON, LLC

Ref. Number: W02000029983

We have received your document for DEBORAH S. ROUCHON, LLC and your check(s) totaling \$160.00. 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) 245-6967.

Letter Number: 502A00057827

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Debotah S. Rouchon, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Company is: Co
The name and the Florida street address of the registered agent are:
The halle and the Profida street address of the registered agent are. Name Name
Florida street address (P.O. Box NOT acceptable)
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.
Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
(An additional 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)

4.160.00