

L02000033809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

DCC

Updater

DCC

Office Use Only

Updater

Verifier

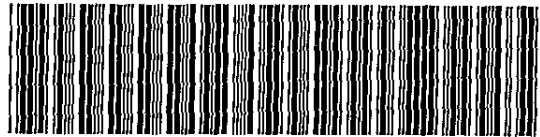
DCC

Acknowledgement

DCC

P. Verifier

DCC



800009328088

12/16/02--01026--011 **155.00

FILED

02 DEC 16 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. RANKIN TERRY, JR.

B.S.M.E., J.D., LL. M.(Tax)
Attorney at Law
2121 McGregor Boulevard
Fort Myers, Florida 33901-3494
e-mail: terry8063@aol.com

Board Certified Civil Trial Lawyer
Certified Circuit Court Mediator

Fax No.: (941) 337-7968
Telephone: (941) 332-4533

December 11, 2002

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Sabrina Lacey Isley, LLC

Dear Sir or Madam:

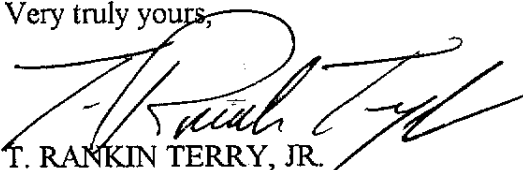
Attached are Articles of Organization for Sabrina Lacey Isley, LLC, for filing with the Florida Secretary of State.

Also enclosed is my firm trust account check in the amount of \$155.00 representing the Filing Fee – \$100, Designation of Registered Agent – \$25, and a certified copy of the Articles (30% copy for certification enclosed).

Please return the certified copy along with your receipt for filing to me in the enclosed envelope.

Thank you for your assistance.

Very truly yours,


T. RANKIN TERRY, JR.

TRT/cb

Enclosures

cc: Sabrina Lacey Isley (c/o Joseph K. Isley, III)

FILED
02 DEC 11 6 10 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SABRINA LACEY ISLEY, LLC**

The undersigned person(s) pursuant to the provisions of the Florida Limited Liability Company Act, hereby adopt the following Articles of Organization:

FIRST: The name of the Limited Liability Company shall be SABRINA LACEY ISLEY, LLC. (hereinafter SABRINA).

SECOND: The period of its duration shall be perpetual.

THIRD: The mailing address and street address of the principal office is 7261 Carousel Lane, Fort Myers, Florida 33912.

FOURTH: The name and street address of the registered agent within the State of Florida is SABRINA LACEY ISLEY, 7261 Carousel Lane, Fort Myers, Florida 33912.

FIFTH: The Limited Liability Company is to be **member** managed.

SIXTH: The person or persons executing these Articles of Organization is (are) a member or the authorized representative of a member of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization of and acknowledged them to be our act and deed this 11 day of December, 2002.

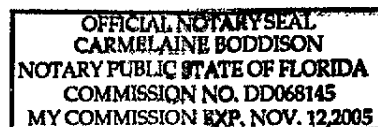
Signed: _____

Sabrina Lacey Isley

STATE OF FLORIDA)
COUNTY OF LEE)

SWORN TO and subscribed before me this 11th day of December, 2002, by Sabrina Lacey Isley who [☒] is personally known to me or who [] has produced _____ as identification and who did take an oath.

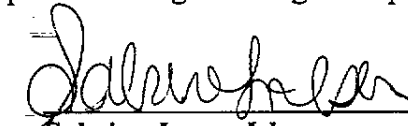
Notary Public



FILED
02 DEC 16 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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..

DATE: 12/11/02



Sabrina Lacey Isley

c:\corp\sabrina.lla:cb

FILED
02 DEC 16 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA