L03000016047

(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(City	//State/Zip/Phone	e #)
		_
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
•	·	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to I	Filing Officer:	
5/2 PL	LC	
1	_	ì
	·	

Office Use Only



800017853538

HLK

05/05/03--01008--003 **125:00. UTD

FILED
38 MAY "2 AM 8:50

Terrell Johnson 429 Hidden Meadows Loop, 205 Casselberry, FL32730 (407) 265 9860 relcoupe@msn.com

May 1, 2003

Registration Section Division Of Corporations 409 E. Gaines St. Tallahassee, FL 32399 (850) 245 6051

To Whom It May Concern:

I would like to thank you in advance for your time and any consideration you may give me. I look forward to hearing from you.

Sincerely,

Terrell Johnson

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: R'ange Works LLC	0		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co 429 HIDDEN MEADOWS LOOP, 205 CASSELBERRY, FL 32730 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature		/ is:	
The name and the Florida street address of the registered agent are:			
TERRELL JOHNSON Name			
Florida street address (P.O. Box NOT acceptable) CASSELBERRY FL 32730 City, State, and Zip			
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointmant registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	ent as visions with ar	of all	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.	ers and	is,	
(An additional article must be added if an effective date is requested)			
Signature of a member or an authorized representative of a member.	SE	03	
(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.)	CHLTA	MAY 72	
TERRELL JOHNSON	RY LFS	7	
Typed or printed name of signee	ORIC	8: 50	
Filing Fees:	<u></u> →	Ò	

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)