L03000000008

(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:

Office Use Only

TALLAHASSEE, FLORIDA



300020036603

06/11/03--01054--005 **130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

03 JUN 11 AM 10: 46

ARTICLE II - Address: The mailing address and st	10323, Li		i Gra 14,61 I ALLAHASSE lited Liability Cor	E. FLORIDA	<u>.</u>
309 ARTICLE III - Registere	N.E. 1ST STREET d Agent, Registered Offi				
The name and the Florida s	treet address of the registe	ered agent are:			
	JOHN C. BOVAY				
	Name			• •	<u>.£</u> .*
	901 N.W. 57TH ST	REET			
	Florida street address (P.O	. Box NOT acceptable)			· • • • • • • • • • • • • • • • • • • •
(GAINESVILLE City, State,	FL 32605 and Zip		÷ - 11	e . Pro se wr .
liability company at the pla registered agent and agree statutes relating to the prop accept the obligations of m	to act in this capacity. If for and complete performa	further agree to com ance of my duties, ar yent as provided for	ply with the provis ad I am familiar w	sions of all ath and	્રેફ્રેઝ - ૧
44 11.5		,	a in an annual at a fi		
(An additi	onal article must be added	a II an effective date	s is requestea)		• •
Signate	re of a member of an author	ized representative of	a member.		
of this	cordance with section 608.408(document constitutes an affirm the facts stated herein are true)				
	JOHN C. B	OVAY			
	Typed or printed	name of signee			* 2 . T. WE *
	Filing Fees: \$100.00 Filing Fee for Articl \$25.00 Designation of Regis \$30.00 Certified Copy (Opt \$5.00 Certificate of Status	es of Organization stered Agent ional)			