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Special Instructions to Filing Officer:

7/22/03 spoke to Leslie Burke to  
get Keyla Grant's address.

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DIVISION OF CORPORATIONS

As required, here is a cover letter to accompany the articles of organization and check.

Leslie Burke  
3104 Harrison Ave d28  
Orlando, FL 32804  
407 843-3000

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Daisy Group LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Burke  
(Name of Person)

The Daisy Group LLC  
(Firm/Company)

3104 Harrison Ave Suite D28  
(Address)

Orlando, FL 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Burke at ( 407 ) 843-3000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Daisy Group LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

3104 Harrison Ave Suite d28

Orlando, FL 32804

**Mailing Address:**

3104 Harrison Ave suite d28

Orlando, FL 32804

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Leslie Burke

Name

3104 Harrison Ave suite d28

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32804

FL

City, State, and Zip

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*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..*

*Leslie P. Burke*

Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Peter T. Burke

3104 Harrison Ave d28

Orlando, FL 32804

MGR

Keyla M. Grant

2696 Quantum Lakes Dr.

Boynton Beach, FL 33426

MGR

Armando Vera

3730 Blossom St

Kissimmee, FL 32746

MGRM

Leslie P. Burke

3104 Harrison Ave d28

Orlando, FL 32804

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Leslie P. Burke

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.)

Leslie P. Burke

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)**

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