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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

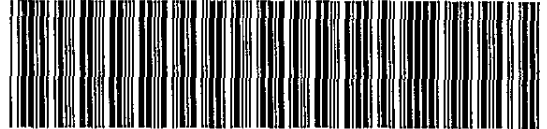
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/10/03--01020--012 \*\*100.00

09/10/03--01020--013 \*\*25.00

11/10/03--01020--014 \*\*20.00

09/10/03--01020--015 \*\*5.00

FILED  
2003 SEP 10 PM 4:00  
JULY 21 N CF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 15 2003

Tina & Daniel O'Connell  
O'Connell Enterprises, LLC  
235 Mockingbird Lane  
Winter Springs, FL 32708

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find enclosed A.) Transmittal Letter, B.) Articles of Organization for Florida Limited Liability Company (2 pages) and C.) Cashiers Check in the amount of \$100.00, \$25.00, \$30.00 and \$5.00.

Please accept each cashiers check as payment for the following:

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy  
\$5.00 Certificate of Status

Please return the Certified Copy and the Certificate of status to us at this address:

Tina & Daniel O'Connell  
O'Connell Enterprises, LLC  
235 Mockingbird Lane  
Winter Springs, FL 32708

Regards,

*Tina O'Connell*  
Tina O'Connell

FILED  
2008 SEP 10 PM 4:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** O'Connell Enterprises, 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:

Tina O'Connell

(Name of Person)

O'Connell Enterprises, LLC

(Firm/Company)

235 Mockingbird Lane

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Tina O'Connell

(Name of Person)

at ( 321 ) 299-5796

(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

FILED  
2003 SEP 10 PM 4:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **O'Connell Enterprises, LLC**

### ARTICLE II - Address:

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

#### Principal Office Address:

235 Mockingbird Lane

Winter Springs, FL 32708

#### Mailing Address:

235 Mockingbird Lane

Winter Springs, FL 32708

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Daniel M. O'Connell

Name

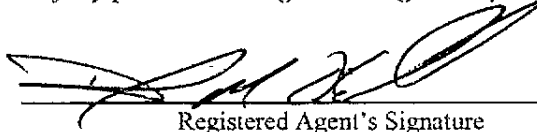
235 Mockingbird Lane

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

Winter Springs, FL 32708

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

(CONTINUED)

FILED  
2003 SEP 10 PM 4:00  
JULIUS CORPORATION'S  
TALLAHASSEE, FLORIDA

**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:**

MGR

Daniel M. O'Connell  
235 Mockingbird Lane  
Winter Springs, FL 32708

MGR

Tina L. O'Connell  
235 Mockingbird Lane  
Winter Springs, FL 32708

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Tina O'Connell

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) --

FILED  
2003 SEP 10 PM 4:00  
DIXIE LIFE CORPORATIONS  
TALLAHASSEE, FLORIDA