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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP X WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP X WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
☐ PICK-UP 💢 WAIT ☐ MAIL
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· ·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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OF OCT 20 PH 3: 11 OCT 20 PH 3: 02

J. BRYWN OCT 2 0 2003

TRANSMITTAL LETTER

SUBJECT: Changing Times Developmental Serv (Name of Limited Liability Company)	ices, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adrian L. Ferguson (Name of Person)	
Changing Times Developmental Services / C.	T, D, S.
8419 Glendalin Road (Address)	OLVISION OF 03 OCT 20
Tallahassee Florida 32311 (City/State and Zip Code)	PM 3: 11
For further information concerning this matter, please call:	, (5)

STREET ADDRESS:

Registration Section

Division of Corporations

TO:

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

(Area Code & Daytime Telephone Number)

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	,	· • =
"MGRM" = Managing Member	Adrian L. Ferguson 8419 Glandalind Rock Tallahassae FL 8184		
N/A	N/A		
NA	N/A	03 0	SIAIK
NP	N/A	OCT 20 PM	CRETARY OF DAY OF LARPH
(Use attachment if necessary) NOTE: An additional article must be a	ndded if an effective date is requested.	3:	RATIONS

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.)

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	- In (C	
Changing Times Develo	opmental services, LL	
ARTICLE II - Additss.		
The mailing address and street address of the princip	pal office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	-
8419 Glendalin Pond	849 Glendalin Road	1
37211	373/1	
ARTICLE III - Registered Agent, Registered Off	fice, & Registered Agent's Signature:	
The name and the Florida street address of the regist	tered agent are:	_
Adrian L. Ferr	guson 8	UN-SINA BD39
7419 Glendali Florida street address (P.O. Bo.	Road 2	
To la la con		ດ¥ເ ວິທີ
City, State, and Z	$\frac{323}{10}$	
Having been named as registered agent and to acceptiability company at the place designated in this cert	ਹੈ pt service of process for the above stated limited	đ
registered agent and agree to act in this capacity. I		all
statutes relating to the proper and complete perform		
accept the obligations of my position as registered a	gent as provided for in Chapter 608, F.S	
Adrian L.	Ferguson	

(CONTINUED)

Registered Agent's Signature