403000046914

(Rec	questor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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11/19/03--01015--011 **160.00

103-46914 1031019 PH

C C WS

To whom it may concern,

I am enclosing my Articles of Organization and a check for \$160 to cover costs for Filing Fees, Designation of Registered Agent, Certified Copy and Certificate of Status.

I would like the effective date to be December 1, 2003 for my organization.

If you need any further information I can be contacted at the following:

Sonya Hester
2140 Woodbridge Rd.
Longwood, FL 32779
407-774-0899 hm.
407-256-5775 cel.

TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	(Name of Limited L	reative (iability Company)	
The enclosed	Articles of Organization and fee(s) are subn	nitted for filing.	
	Please return all correspondence	concerning this matter to	the following:
	Sonya	Hester	
	(Nan	ne of Person)	
			
	(Firm	n/Company)	
	:2140 wc	odbrida	Rd.
	(,	Address)	
	- Longwas	te and Zip Code)	32779
	C (Chylom	ic ma zip code)	
For further inf	formation concerning this matter, please call	1:	
San	Ma Hostik at		1-0899
•	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Idress: ss and street address of the prince Address:	cipal office of the Limited Liabil	lity Company is:
Address:		
	Mailing Address:	o. Box 91.
odbridge Rd.		
od, F.	Longwood,	R
	30	701-5400
Florida street address of the reg Sorya H Name 2140 Woods Florida street address (P.O. E	eistered agent are: CSACL ON dec Rd Box NOT acceptable)	gnature: 03 NOV 19 PM 2: 17
	Florida street address of the reg Sonya H Name 2140 Wood/ Florida street address (P.O. I	Florida street address (P.O. Box NOT acceptable)

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

Title: "MGR" = Manager "MGRM" = Managing Member W.G.R. Soma Hester 240 Londondal Re Longwood, Fr. 30-77 (Use attachment if necessary)

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

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.)

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)