

L04000000(907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

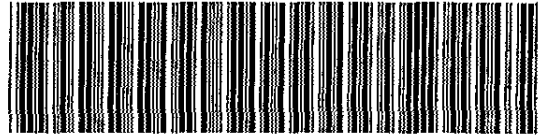
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
12/31 FC LC  
CWS

Office Use Only



100025799191

12/31/03--01053--013 \*\*130.00

MMJ

STATE OF CALIFORNIA  
RECORDS MANAGEMENT

03 DEC 31 AM 10:50

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treasures On The Park 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:

Terrie L. Howell  
(Name of Person)

Treasures On The Park LLC  
(Firm/Company)

212 E. Park St.  
(Address)

Auburndale, FL 33823  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terrie L. Howell at (863) 965-7291  
(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

Effective Date 01/01/04  
requested

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Treasures On The Park L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

212 E Park St.  
Auburndale, FL  
33823

**Mailing Address:**

212 E Park St.  
Auburndale, FL 33823

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

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

Terrie L. Howell  
Name

212 E. Park St.  
Florida street address (P.O. Box **NOT** acceptable)  
Auburndale, FL 33823  
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..*

Terrie L. Howell  
Registered Agent's Signature

(CONTINUED)

FILED  
03 DEC 31 AM 10:50  
SECRETARY OF STATE  
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:**

~~Terrie Howell~~

MGR

MGRM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Terrie L. Howell  
1252 Keystone Ct.  
Auburndale, FL 33823

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phillip K Howell  
1252 Keystone Ct.  
Auburndale, FL 33823

(Use attachment if necessary)

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

\*

Effective Date 1/1/04

**REQUIRED SIGNATURE:**

Terrie L. Howell  
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.)

Terrie L. Howell  
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)