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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

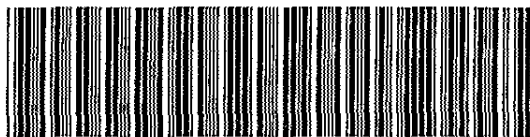
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DIVISION OF STATE
REGISTRATIONS
04 JAN 13 PM 4:08
204-274

Our Enterprises

126 Lake Pine Circle A-2

Greenacres, Fl 33463-5199

Enclosed is our application for registering for a Limited Liability Company and a copy of the application. Plus a check for \$130.00. \$100.00 for filing fees, \$25.00 for designation of registered agent and \$5.00 for Certificate of Status.

Could you please stamp the enclosed copy of our application and return in the enclosed envelope.

Thank you,

Lois Sellars



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 5, 2004

LOUIS SELLARS
OUR ENTERPRISES
126 LAKE PINE CIRCLE A-2
GREENACRES, FL 33463-5199

SUBJECT: OUR ENTERPRISES, LLC, COMPANY
Ref. Number: W04000000274

We have received your document for OUR ENTERPRISES, LLC, COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 504A00000328

TRANSMITTAL LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUR ENTERPRISES, Ltd. Co.

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

Please return all correspondence concerning this matter to the following:

Lois Lorraine Sellars
(Name of Person)

Our Enterprises, Ltd. Co.
(firm Name)

126 Lake Pine Circle A-2
(Address)

Greenacres, Fl 33463-5199
(city / Sstate and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, Please Call:

Lois L. Sellars at (561-649-0045)
____ (Name of Person) (area Code & Phone Number)

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

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

ARTICLE I- Name:

Our Enterprises, Ltd. Co.

ARTICLE II -Address:

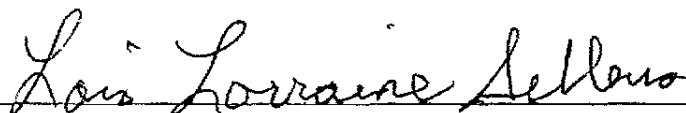
Our Enterprises, Ltd. CO.	Our Enterprises, Ltd. Co.
126 Lake Pine Circle A-2	P.O. box 540104
Greenacres, Fl 33463-5199	Greenacres, FL 33454-0104

**ARTICLE III - Registered Agent, Registered Address and
Registered Agents Signature:**

Lois Lorraine Sellars
126 Lake Pine Circle A-2
Greenacres, Florida 33463-5199

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DIVISION OF CORPORATIONS
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Having been named as registered agent and to accept services 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 provisions of all statutes relating to proper and complete performance of my duties and I familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



ARTICLE IV -Managing Members:

TITLE

NAME AND ADDRESS:

Secretary &
Co-Chairman

Gloria Stanchak-Alexander

Treasurer &
Co-chairman

Lois Lorraine Sellars

President &
Co-chairman

Joyce Friscia

Note: An additional article must be added if an effective date is requested:


Signature of a member or authorized representative of 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.)

GLORIA Stanchak - Alexander
Typed or printed name of signee

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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