L04000007371

(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:		

Office Use Only



400025709724

01/28/04--01023--006 **125.60

APPER PEPA TO NOTAN

js

SELVENCE COM

04 JW 28 JUD 0

02.15128 MITS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gerald	HACUELL LLC of Limited Liability Conlpany)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Gerald Harvel		OH JAN
(Firm/Company)	And the second s	28 MIN ASSEE, FL
2067 Concord-Bainb	ridge Rd	ORIDA LORIDA
HAVANA FL 3 (City/State and Zip Cod	2333	
For further information concerning this matter, p	elease call:	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	Table Are Are The Area and The Area Area Area Area Area Area Area Are
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gerald Harvell, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2067 Concord -Buinbridge RA

HAVana FL 32333

SAME

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

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

Name

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

1 10 11a sheet address (F.O. Box NOT acceptable

City State and 7in

32333

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)

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	
MGRM	Jerald Harvell Lepr Concord-Boinbridge Rd Havang, FL 32333
	TALL OL
	- AR AN 28
(Use attachment if necessary)	ORIGA ORIGA

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)