# 104000007434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

(Business Entity Name)

(Document Number)

(Requestor's Name)

(Address)

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(Address)

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December 22, 2003

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

Re: Aozora, LLC

To Whom It May Concern:

Enclosed please find the Articles of Organization for the above referenced entity and a check for \$100 for the filing fee. Please file the enclosed in the usual manner. Thank you very much for your attention to this matter.

Very truly yours,

Barbara L. Penatzer 9752 Sweetleaf Street

Northlake Park at Lake Nona

Orlando, FL 32827

(610) 858-8159



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 6, 2004

BARBARA L. PENATZER 9752 SWEETLEAF STREET NORTHLAKE PARK AT LAKE NONA ORLANDO, FL 32827

SUBJECT: AOZORA, LLC Ref. Number: W04000000463

We have received your document for AOZORA, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return 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) 245-6967.

Letter Number: 604A00000570

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassaa, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: AOZORA, LLC

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 9752 SWEETLEAF STREET, NORTHLAKE PARK AT LAKE NONA, ORLANDO, FL 32827

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

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

BARBARA L	PENATZER	
Na	me	
9752 Sweetleaf Street, No	orthlake Park at L	ake Nona
Florida street address (	P.O. Box <u>NOT</u> a	icceptable)
ORLANDO	FL	32827
City. St	ate, 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.

By: Sarband Penalzen

Registered Agent's Signware

(An additional article must be added if an effective date is requested)

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.)

BARBARA L. PENATZER

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)