L04000093609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

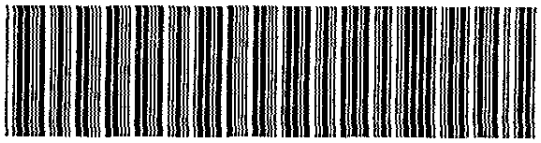
Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

1/28 FL LC

CUS

Office Use Only



200027607242

01/28/04--01055--001 **130.00

FILED
04 JAN 28 PM 3:33

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Billie Ann Sala, L.L.C.
(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:

Billie Ann Sala
(Name of Person)

Billie Ann Sala, L.L.C
(Firm/Company)

P.O. Box 2953
(Address)

Homosassa Springs, Florida 34447
(City/State and Zip Code)

For further information concerning this matter, please call:

Billie Ann Sala at (352) 628-1449
(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

Please Note: Attached check for $130.00
$100.00 filing fee for Articles of Organization
$25.00 Designation of Registered Agent
$5.00 Certificate of Status (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Billie Ann Sala, 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:

7835 W. Inn St.
Homosassa, Florida
34446

Mailing Address:

P.O. Box 2953
Homosassa Springs, Florida
34447

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

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

Billie Ann Sala
Name

7835 W. Inn St.
Florida street address (P.O. Box **NOT** acceptable)

Homosassa FL 34446
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..

Billie Ann Sala
Registered Agent's Signature

FILED
04 JAN 28 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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:**
MGR	Billie Ann Sala P.O. Box 2953 Homosassa Springs, Fla. 34447

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Billie Ann Sala

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.)

Billie Ann Sala

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)