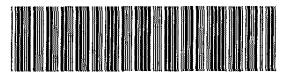
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| •                                       |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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# TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                          |
|--|
| SUBJECT: Eon Sealey L.L.C. (Name of Limite Liability Company)              |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following:  |
| Kirsten Erickson (Name of Person)  |
| registered agent (Firm/Company)  |
| 3888 NW 90 AVE.  |
| (Address)  |
| Sunnse, FL. 33351  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:               |
| Kirsten Endoon "(954) 822-9923   |

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 JAH 27 PM 2:

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

THE NAME OF THE LIMITED LIABLITY COMPANY IS EON SEALEY L.L.C.

#### ARTICLE II - PURPOSE

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS TO PERFORM CARPENTRY SERVICES

ARTICLE III – REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

KIRSTEN ERICKSON

3888 NW 90<sup>TH</sup> AVENUE

SUNRISE, FLORIDA 33351

# ACCEPTANCE OF REGISTERED AGENT

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 am familiar with and accept the obligations of my position as registered agent.

Registered Agents Signature

# ARTICLE IV - MANAGEMENT

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS AND THE NAME AND ADDRESS OF THE MANAGING MEMBERS ARE:

EON SEALEY - MGRM 3888 NW 90<sup>TH</sup> AVENUE SUNRISE, FLORIDA 33351 JAN 27 PH 2:

ARTICLE V – PRINCIPAL PLACE OF BUSINESS

THE INITIAL PRINCIPAL PLACE OF BUSINESS OF THE LIMITED LIABILITY
COMPANY IS

3888 NW 90<sup>TH</sup> AVENUE
SUNRISE, FLORIDA 33351

ARTICLE VI – CAPITAL CONTRIBUTIONS
THE CAPITAL CONTRIBUTION OF A MEMBER SHALL BE \$250.00.

# ARTICLE VII - NONLIABILITY

THE MEMBERS AND MANAGERS, IF ANY, SHALL NOT BE LIABLE FOR ANY DEBTS, OBLIGATIONS OR LIABILITIES OF THE LIMITED LIABILITY COMAPANY.

MEMBER: Eon Sealey

ADDRESS: 3888 NW 90th Avenue

Sunrise Florida 33351

SIGNATURE/

JAN 27 PM 2: 11
SECRETARY OF STATE
ALLAHASSEF FLORIDA

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