

L04000012124Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088**LIMITED LIABILITY COMPANY**

Florida Breeze LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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DIVISION OF CORPORATIONS

2-14-04

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000032632

ARTICLE I - Name

The name of the Limited Liability Company is: **Florida Breeze LLC**

ARTICLE II - Address

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

Principal Office Address:

8001 S. Orange Blossom Trail

Orlando, FL 32809

Mailing Address:

8001 S. Orange Blossom Trail

Orlando, FL 32809

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

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

Tamara Briggs

Name

3056 New Bern Cove

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Oviedo, FL 32765

(City / State / Zip)

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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 - Tamara Briggs

X

ARTICLE IV - Manager(s) or Managing Member(s):

H04000032632

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Tamara Briggs - 3056 New Bern Cove, Oviedo, FL 32765

MGRM

Paul Briggs - 3056 New Bern Cove, Oviedo, FL 32765

MGRM

Ricky Mitchell - 3349 S. Kirkman Rd, Orlando, FL 32811

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Tamara Briggs

Typed or printed name of signee

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AND
TAMARA BRIGGS
SECRETARY

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