

W04000033855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

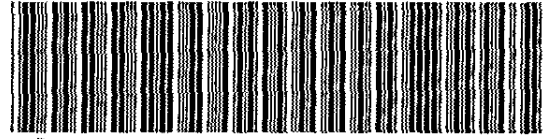
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04 APR 29 AM 7:45

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAMES T. CHEATHAM 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:

James T. Cheatham L.L.C.  
(Name of Person)

JAMES T. CHEATHAM L.L.C.  
(Firm/Company)

5150 Boggy Creek Road Lot P-16  
(Address)

St. Cloud, Florida 34771  
(City/State and Zip Code)

For further information concerning this matter, please call:

James T. Cheatham at ( 407 ) 301-2239  
(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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAMES T. CHEATHAM 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:**

**Mailing Address:**

5150 Boggy Creek Rd. Lot P-16

5150 Boggy Creek Rd. Lot P-16

St. Cloud

St. Cloud

Florida 34771

Florida 34771

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

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

James T. Cheatham

Name

5150 Boggy Creek Rd. Lot P-16

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

St. Cloud

FLORIDA 34771

City, State, and Zip

FILED  
04 APR 28 AM 7:45  
SUN  
11:30 AM

*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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MGRM	James T. Cheatham
	5150 Boggy Creek Rd. Lot P-16
	St. Cloud, Florida 34771

(Use attachment if necessary)

**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.)

JAMES T. CHEATHAM  
 \_\_\_\_\_  
 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)