2040000 39925

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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		5/26/
	Office Use Or	nly JUSE



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04 MAY 21 PM 3: 03

P. Allee 170 Mariner Blvd., # 157 Spring Hill, Florida 34609

May 10, 2004

Registration Section
Division of Corporations
P.O. Box 6327
409 E. Gaines Street
Tallahassee, Florida 32314

ON MAY 21 PM 3: 03

To Whom It May Concern:

Please find enclosed a cashier's check in the amount of \$ 125.00 to cover the fees for filing Article of Organization for Florida Limited Liability Company as well as Designation of Registered Agent.

Please return paperwork to the following address.

P. Allee 170 Mariner Blvd., # 157 Spring Hill, FL 34609

Thank you.

P. Allee

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SUZAM (Name of Limited I	NNE'S BOOKKEEPING, LLC Liability Company)	
The enclosed Articles of Organization a	and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	P. ALLEE	
	(Name of Person)	
SUZAN	NE'S BOOKKEEPING, LLC	
	(Firm/Company) MARINER BLVD. # 157 (Address) NG HILL, FLORIDA 34609 City/State and Zin Code)	
170	(Firm/Company) MARINER BLVD. # 157 (Address) NG HILL, FLORIDA 34609 City/State and Zin Code)	
170	MARINER BLVD. # 157	
	(Address)	
SPRI	NG HILL, FLORIDA 34609	
	City/State and Zip Code)	
For further information concerning this	matter, please call:	
P. ALLEE	at(727) 857-2418	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327	
rananassee, fiorida 32399	Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Compa	any is:			
SUZANNE'S BOOKKEEPING, LLC				
ARTICLE II – Address: The mailing address and street address of	`the principal office of the Limited Liab	ility Company is:		
Principal Office Address:	Mailing Address:			
170 Mariner Blvd., # 157	170 Mariner Blvd., # 157			
Spring Hill, Florida 34609	Spring Hill, Florida 34609			
Florida street a		04 MAY 21 PM 3: 03		
registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position a	ated in this certificate, I hereby accept th	he appointment as h the provisions of all m familiar with and		

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
<u>MGR</u>	P. ALLEE 170 Mariner Blvd., # 157 Spring Hill, FL 34609
	TALL AH
(Use attachment if necessary)	IASS
	nization, Suzanne's Bookkeeping, LLC, shall be May 7, 200
REQUIRED SIGNATURE:	e must be added if an effective date is requested. 🚍 🗀
Signature of a member or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.)
Typed or	P. ALLEE printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of C \$ 25.00 Designation of Registered \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	Organization Agent