

L 04000040581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status X

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

Updater

DCC
Office Use Only

Updater
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



300037358563

05/28/04 -01005--021 **130.00

DEPT
DIVISION
TALLAHASSEE
FLORIDA

04 MAY 28 AM 11:32

RECEIVED

04 MAY 28 AM 11:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atara Enterprises, LLC
(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:

Kristie Kennedy
(Name of Person)

Atara Enterprises
(Firm/Company)

2225 Keith Street
(Address)

Tallahassee, FL 32310
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristie Kennedy at (850) 574-4692
(Name of Person) (Area Code & Daytime Telephone Number)

04 MAY 28 AM 11:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Atara Enterprises, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2225 Keith Street
Tallahassee, Fl.
32310

Mailing Address:

PO Box 20233
Tallahassee, Fl
32316

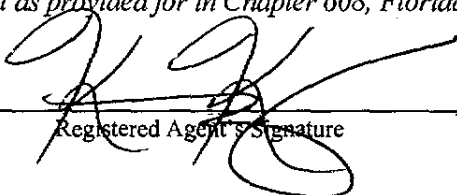
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Kristie Kennedy
Name
2225 Keith Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FLORIDA 32310
City, State, and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 28 AM 11:43

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

Kristie Kennedy
2225 Keith Street
Tallahassee, FL 32316

(Use attachment if necessary)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 28 AM 11:43

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.)

Kristie Kennedy
Typed or printed name of signer

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)