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(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	<b>∍#</b> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ud	Menora	enterprises
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<del></del>		

Date

Will Pick Up

Time

Signature

Requested by;

Name

Walk-In

WILLIAM SEE FLORIDA

	Art of Inc. File		
	LTD Partnership File		
_/	Foreign Corp. File		
~	L.C. File		
	Fictitious Name File		
	Trade/Service Mark		
	Merger File		
	Art. of Amend. File		
	RA Resignation	-	
	Dissolution / Withdrawal		,
	Annual Report / Reinstatement		_
<u> </u>	Cert. Copy		,
	Photo Copy		
	Certificate of Good Standing		
	Certificate of Status		
	Certificate of Fictitious Name		_
	Corp Record Search		
	Officer Search		, <u>-</u>
	Fictitious Search		
	Fictitious Owner Search		-
	Vehicle Search		
	Driving Record		
	UCC 1 or 3 File		
	UCC 11 Search		
	UCC 11 Retrieval		_ 2
	Courier		3

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OLD MEMORIAL ENTERprises, L.L.C.

P.O. Box 31, Tumpa, FL 33601-0031

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

The mailing address and street address of the principal office of the Limited Liability Comparation

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

Joseph L. Rousselle, JR.

TAMPA FL 33606 City, State, and Zip

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.

GOI W. SWANN AVENUE, Suite C
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature

**ARTICLE I - Name:** 

ARTICLE II - Address:

The name of the Limited Liability Company is:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
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.)
Joseph L. Rousselle, Jr.  Typed or printed name of signee

Filing Fees:

#### CERTIFICATE OF DESIGNATION

# REGISTERED AGENT REGISTERED OFFICE

#### **ATTACHMENT**

## MANAGING MEMBERS ARE AS FOLLOWS:

- I. Joseph L. Rousselle, Jr., 601 W. Swann Avenue, Suite C, Tampa, FL 33606.
- II. Paula W. Rousselle, 601 W. Swann Avenue, Suite B, Tampa, FL 33606.