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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 2, 2004

CATHERINE HAGERTY 651 A-1-A BEACH BLVD. #C ST. AUGUSTINE, FL 32080

SUBJECT: CATHI AND COMPANY Ref. Number: W04000029410

We have received your document for CATHI AND COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 404A00048083

FILE

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ATHI AUT (Name of Limited Li	COM DANY  labelity Company)			
The enclosed Articles of Organization and foo(s) are subm	nitted for filing.			
Please rotum all correspondence	concerning this matter to the following:			
	E HAGTERTY a of Person)			
CALL: ALS	DCOMONUY			
(Firm	(Company)	<u>-</u>		
(02/A-1-	A BCH_D{V/2 **	<u>C</u>		
SALVIT AUGUS	five, Fl. 320	80		
(City/Stat	a and Zip Code)			
For further information concerning this matter, please call	;	•		
(Name of Person) at (	(Area Code & Daytime Telephone Number)	2		
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		<b>=</b>	e <del>r.</del>	
STREET ADDRESS; Registration Section	MAILING ADDRESS:		~	
T	Registration Section	<b>5</b> £		
Dryssion of Corporations 409 B. Gaines Screet Tailahasses, Florida 32399	Registration Section Division of Corporations P.O. Bux 6327 Tallahassoo, Florida 32314	LAHASS		<del></del> -7
409 E. Gaines Street	Division of Corporations P.O. Box 6327	LAHASSEE,	1 S 3 S 5	
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409 E. Gaines Street Tailahasses, Florada 32399	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	LAHASSEE, FLORIDA	130 25 PH 3:28	PED 1
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409 E. Gaines Street Tailahasses, Florada 32399	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	LAHASSEE, FLORIDA .	5 FB 3:2	FILED

ARTICLE I - Name:

The name of the Limited Liability Company is

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OMPANY IL.C.

ARTICLE II - Address: The mailing address and street address of the principle.	ripal office of the Limited Liability Company is:
Principal Office Address: 65/4-1-A-BEAC	H BIVD (SAME)
ARTICLE III - Registered Agent, Registered O The name and the Florida street address of the regi	stered agent are:
CATHERINA COSTA-1-A	E HAGERLY
65/A-1-A Florida street address (P.O. B	BEACH BIVD. TO
ST, AUGUSTINE City, State, and	510RDA 32080
cuy, sue, and	

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 om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Page 1 of 2 (CONTINUED) LUNE AND OF SINE

	aging Member(s): per or Managing Member is as follows:
Title: MGRM "MGR" = Manager "MGRM" = Managing Member	Name and Address: MGRM  TV COSI-A-1-A-BEACH BIVO #
CATHERINE HAGER	TY (051-A-1-A-BEACH BIVD #
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article must REQUIRED SIGNATURE:	be added if an effective state is requested.
SEPTIMENT OF A CHEMICAL OF	m muthorized representative of a matriber

Filing Facet:
\$140.04 Filing Fee for Articles of Organization
\$ 25,04 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

(In accordance with section 608.408(3), Florada Statutes, the execution of this document constitutes an affirmation under the penaltics of project that the facts stated herein are true.)

Typed or printed name of signer