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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: METROPOLIS OF JUSTICE 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:

CANDACE LEWIS-KHUFIA

(Name of Person)

METROPOLIS OF JUSTICE L.L.C.

(Firm/Company)

116 NORTHWEST 13TH STREET

(Address)

GAINESVILLE FLORIDA 32601 (City/State and Zip Code)

For further information concerning this matter, please call:

CANDACE LEWIS-KHUFIA

(Name of Person)

at (<u>352</u>) <u>895-7527</u> (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



W04-31759



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 20, 2004

CANDACE LEWIS-KHUFIA METROPOLIS OF JUSTICE L.L.C. 116 NORTHWEST 13TH STREET GAINESVILLE, FL 32601

SUBJECT: METROPOLIS OF JUSTICE L.L.C. Ref. Number: W04000031759

We have received your document for METROPOLIS OF JUSTICE L.L.C. and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 904A00051340

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** The name of the Limited Liability Company is:

METROPOLIS OF JUSTICE 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:**

116 NORTHWEST 13TH STREET 130

GAINESVILLE FL 32601

# **Mailing Address:**

116 NORTHWEST 13TH STREET 130

GAINESVILLE FL 32601

1+ AUG 30 PH 4: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

STEVE ROCHELLE

Name

**903 NORTHEAST OSCEOLA AVENUE** Florida street address (P.O. Box NOT acceptable)

FLORIDA 34470 OCALA

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, Florida Statutes ...

Bachelle Ater Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGR

CANDACE LEWIS-KHUFIA

106 30 PH 4:

Name and Address:

P O BOX 6779 OCALA FL 34478

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** Signature of a member of 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. CANDACE LEWIS-KHILE 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)