L04 0000 65685

_		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
		
PICK-UP	WAIT	MAIL
(Ви	siness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Do	cument Number)	-
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
-	, 	
		(1/2/11/
	Office Use Only	4/1/10
		\



700040630727

09/02/04--01008--011 **155.00

O4 SEP -2 AM IO: 56
SECRETARY OF STAFE
ALLAHASSEE, FLORID

TERRY T. NEAL, P.A.

September 1, 2004

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

COLEMAN, LLC

Dear Sirs:

Please find enclosed herewith the original and one copy of Articles of Organization for COLEMAN, LLC and my trust account check number in the amount of \$155.00 made payable to the Florida Department of State as follows: Filing Fee - \$100.00; Designation of Registered Agent Fee - \$25.00; and Certified copy fee of \$30.00.

Thank you for your attention and cooperation herein.

Sincerely,

TERRY T. NEAL

[signed in her absence with prior review to avoid delay]

TTN/als

Enclosures

[Anne/Corp/2004/RonnieColeman LLC-L-DivCorp]

O4 SEP -2 AM IO: 56
SEURL TARY OF STAIL
TAIL AHASSEE FLORING

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I – NAME</u>

The name of the Limited Liability Company is: COLEMAN, LLC

ARTICLE II - ADDRESS

The street address of the principal office of the Limited Liability Company is: 104 West Guava Street, Lady Lake, FL 32159.

The mailing address of the principal office of the Limited Liability Company is: Post Office Box 158, Lady Lake, FL 32158.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

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

RÓNALD L. SMALLWOOD 104 West Guava Street Lady Lake, FL 32158 04 SEP -2 AM 10: 56

Having been named as registered agent and to accept service of process for the above 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.

RONALD L. SMALLWOOD

<u>ARTICLE IV - MANAGERS OR MANAGING MEMBERS</u>

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

Title: Name and Address:

MGRM RONALD L. SMALLWOOD

Post Office Box 158 Lady Lake, FL 32158

MGRM SANDRA J. SMALLWOOD

Post Office Box 158 Lady Lake, FL 32158

In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

RONALD L. SMALLWOOD

O4 SEP ~2 AM IO: 56