

L04000068710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

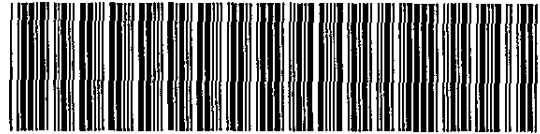
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L04-68710  
QR

**TRANSMITTAL LETTER**

**DATE:** September 9, 2004  
**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Coderis 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:

Julie Badias  
(Name of Person)

Coderis Limited Liability Company  
(Firm/Company)

19709 Hiawatha Road  
(Address)

Odessa, FL 33556  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

Julie Badias at (813 ) 892-3868  
(Name of Person) (Area Code & Daytime Telephone Number)

Thank you for your assistance,

  
Julie Badias

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
CODERIS LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: CODERIS Limited Liability Company

**ARTICLE II - Address:**

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

**Principal Office Address:**

Coderis LLC  
19709 Hiawatha Road  
Odessa, FL 33556

**Mailing Address:**

Coderis LLC  
19709 Hiawatha Road  
Odessa, FL 33556

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

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

Julie Badias  
Name

19709 Hiawatha Road  
Florida street address (P.O. Box NOT acceptable)

Odessa, Florida 33556  
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..*

Julie Badias  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

MGRM

Julie Badias, 19709 Hiawatha Road

MGRM

Franz Badias, 19709 Hiawatha Road

**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.)

Julie Badias

Typed or printed name of signee

**Enclosures:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 for a Certified Copy

\$ 5.00 for a Certificate of Status