

LB4 000079715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900041836219

11/01/04--01012--007 **125.00

FILED

NOV - 1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LB4-79715
TC

EFFECTIVE DATE
11-8-04

October 28, 2004

Florida Dept. of State
REGISTRATION SECTION
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Articles of Organization - Limited Liability Company

To Whom It May Concern:

Enclosed please find the following documents:

1. Transmittal Letter
2. Articles of Organization for Florida Limited Liability Company
 - Article I - Name
 - Article II - Address
 - Article III - Registered Agent
 - Article IV - Manager(s)

Additional Article - Effective Date

3. Filing Fee - Check #9530 in the amount of \$125.00
4. Copy of Filing Package to be executed and returned.

Please forward all inquiries and correspondence to:

Sharon L. Haluska
783 Blackmoor Gate Lane
St. Augustine, FL 32084
904: 819-5764 (Daytime Phone #)

Thank you,



Sharon L. Haluska

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV - 1 PM 2:48

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORGANIZING U LLC
(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:

SHARON L. HALUSKA
(Name of Person)

ORGANIZING U
(Firm/Company)

783 BLACKMOOR GATE LANE
(Address)

ST. AUGUSTINE, FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON L. HALUSKA at (904) 819-5764
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

NOV - 1 PM 2:48

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORGANIZING U LLC

ARTICLE II - Address:

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

Principal Office Address:

783 BLACKMOOR GATE LANE
ST. AUGUSTINE, FL 32084

Mailing Address:

P.O. 3023
ST. AUGUSTINE, FL
32085-3023

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

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

SHARON L. HALUSKA

Name

783 BLACKMOOR GATE LANE

Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE FL 32084

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 688, F.S.

Sharon L. Haluska

Registered Agent's Signature

FILED
JUN 11 PM 2:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

EFFECTIVE DATE
11-8-04

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SHARON L. HALUSKA
783 BLACKMOOR GATE LANE
ST. AUGUSTINE, FL 32084

(Use attachment if necessary) - *SEE ATTACHED*

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

REQUIRED SIGNATURE:

Sharon L. Haluska

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.)

SHARON L. HALUSKA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ADDITIONAL ARTICLE

EFFECTIVE DATE: November 8, 2004 (11/08/04)

FILED

04 NOV - 1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA