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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

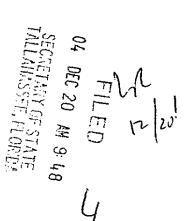




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DIVISION OF CHERCHATION



TRANSMITTAL LETTER

		•	
TO: Registration Se Division of Con Subject:	fooragions ANACOO M	Liability Company)	
The enclosed Articles of	Organization and fee(s) are st	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	r Clark
	Homees	Fim/Qompany)	
<u></u>	1545 Code	La High way	13S 04
	Panacaa.	(Address) (J)	BE 20 BE 20
		State and Zip Code)	FLORIDE F.9
For further information of Argine	concerning this matter, please of Person)	at (850) 484- Area Code & Daytime To	5-21
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The filame of the Limited Liability Company is:	
tonocoo Maral, II C	•
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	:
Principal Office Address: Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are: Name Name Florida street address (P.O. Box NOT acceptable) 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 a 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, F.S	ll
Registered Agent's Signature Registered Agent's Signature ALLANCE TAIK OF THE DESCRIPTION OF THE DESCRIPTI	į
(CONTINUED)	
Page 1 of 2	

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managir MGRM" = Managir MGRM	Anno Plovana Anno	-
U 	Torracci. F. 3034	
(Use attachment if no	ocascary)	
•		
NOTE: An addition	nal article must be added if an effective date is requested.	
REQUIRED SIGNA	TURE!	
_	nature of a member or an authorized representative of a member.	
of	accordance with section 508.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)	<u>!</u>
	Typed or printed name of signee	ロコ
Filing Fees:	FIS 9	
\$125.00 Filing Fee f of Register \$ 30.00 Certified Co	or Articles of Organization and Designation ed Agent opy (Optional)	
\$ 5.00 Certificate	of Status (Optional)	

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

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