104000094398

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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Office Use Only



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12/08/04--01016--014 **125.00

SECKHASSEE F LORDON 1:19

December 3, 2004

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

RE: Articles of Organization USHER, LLC

To whom it may concern:

Please find enclosed Articles of Organization for USHER, LLC effective November 12, 2004.

I am also enclosing the filing fee of \$125.00.

WOY-45846

My address is: 425 Blue Jacket Lane

Orlando, Fl. 32825

Phone #:

321-228-9414

Thank you,

Jacqueline Ahn Collins

"MGR"

SECREVALY UT

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: USHER, 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:	
Jacqueline Ann Collins (Name of Person)	
USHER, LLC (Firm/Company)	
405 Blue Jacket Lane (Address)	
(Address)	
Calando Florida 32021 AFF (City/State and Zip Code)	MI OEC 30 PH 1: 19
For further information concerning this matter, please call:	골 'C
TACQUELIAE Ann Collins at 321 228-9414 (Name of Person) (Area Code & Daytime Telephone Number)	1: 19
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee Certificate of Status ☐ \$155.00 Filing Fee Certificate of Status ☐ \$155.00 Filing Fee Certificate of Status ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: MAILING ADDRESS:	

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

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 15, 2004

JACQUELINE ANN COLLINS USHER, LLC 425 BLUE JACKET LANE ORLANDO, FL 32825

SUBJECT: USHER, LLC Ref. Number: W04000045846

We have received your document for USHER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 8, 2004. Please amend your document accordingly.

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: 404A00069895

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
USHER, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
425 Blue Sacket Cone Orlando, Florida 32005	Orlando Florida 32425
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re Tacque Line Name 425 Blot Florida street add Orlando City, State a	egistered agent are: And Collins Active Cone dress (P.O. Box NOT acceptable) FL 32825 and Zip Eggs Section Sect
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	caccept service of process for the above stated limited his certificate, I hereby accept the appointment as w. I further agree to comply with the provisions of all process of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.,

(CONTINUED)

The name and address of each Manage	er or Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
"MGR"	Jacqueline Ann (31 425 Blue Jacket Lane Orlando, Fl. 3292)	11,45		
(Use attachment if necessary)				
NOTE: An additional article must I ARTICLE V EFFECT REQUIRED SIGNATURE:	be added if an effective date is requested. The Date - NIA (That) Faylor			
Signature of a member	or an authorized representative of a member.	TALL/	2004	
of this/document constit that the facts stated he		AHASSEE	2004 DEC 30	-()
Jacque Typ	ed or printed name of signee	FLO	P#	Ö
Filing Fees:		ATE RIDA	: 19	

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)