## L05000003085

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<del>.</del>
(Cit	y/State/Zip/Phone	<u></u>
•	· · ·	,
PICK-UP	WAIT	MAIL
	$\sqrt{}$	
/Ru	siness Entity Nan	201
(Du	Siness Endly Nan	16)
	111	
(Do	cument Number)	
1		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
		ļ
		İ

Office Use Only



100044376601

01/11/05--01047--015 \*\*310.00



## TRANSMITTAL LETTER

\_ ....

TO: Registration Section Division of Corporations		
SUBJECT: Danielle Blake (Name of Limited	E Associates Liability Company)	
The enclosed Articles of Organization and fee(s) are su	domitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
<u>Danielle</u> B	Slatte  Same of Person)	
	Tima/Corapany)	
	and confidency	
3520 Dunfries 1	Road	
	(Address)	
Pensacola, FL 3	2503 State and Zip Code)	
For further information concerning this matter, please of	(Area Code & Daytime Telephone Number)	
Danielle Blake	×1 850 , 432-0198	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Englosed is a check for the following amount:	(Area Code & Daytime Telephone Number)	
S125.00 Filing Fee Status  Certificate of Status	Certified Copy (additional copy is enclosed)    \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	The state of the s	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

tes, LLC
ncipal office of the Limited Liability Company is:
Mailing Address:
3520 Dunfries Road Pensacola, FL 32503
Office, & Registered Agent's Signature:
egistered agent are:
Road
ress (P.O. Box NOT acceptable)
FL 32503 nd Zip
ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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	Danielle Blake 3520 Dunfries Road Pensacola, FL 32503		
		<u> </u>	
(Use attachment if necessary)			
	be added if an effective date is requested.		
	L Blake r or an authorized representative of a member.		
(In accordance with sec of this document consti that the facts stated h	etion 608.408(3), Florida Statutes, the execution (tutes an affirmation under the penalties of perjury erein are true.)	4 <b>6</b>	
Daniell	ped or printed name of signee	CRET N	-71
Filing Fees:	NSSEE.	N II P	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		STATE 8	