

L050000/9359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

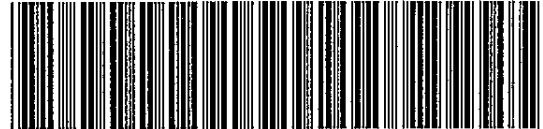
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L02/25/05

4p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L' Oiseau Enterprises, L.L.C.  
(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:

Cecilia Bryant  
(Name of Person)

Cecilia Bryant, P.A.  
(Firm/Company)

1400 Prudential Drive, Suite 7  
(Address)

Jacksonville, Florida 32207  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Cecilia Bryant at (904 ) 346-3366  
(Name of Person) Area Code & Daytime Telephone Number

**Street Address:**  
Registration Section  
Division of Securities  
409 E. Gaines Street  
Tallahassee, Florida 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P. O. Box 6377  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

L'Oiseaw Enterprises, d.d.c.

**ARTICLE II - Address:**

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

**Principal Office Address:**

10327 Sugar Grove Rd

**Mailing Address:**

Jacksonville, Fla 32221

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

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

Cellan Ford  
Name

10327 Sugar Grove Rd  
Florida street address (P.O. Box NOT acceptable)

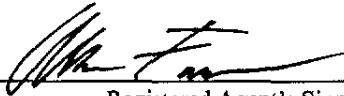
Jacksonville FLORIDA 32221  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

  
Registered Agent's Signature  
Cellan Ford

**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:**

Mgrm

Allan Ford  
10927 Sugar Grove Rd.  
Jacksonville, Fla 32221

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(Use attachment if necessary)

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

**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.)



Typed or printed name of signee

Allan Ford

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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