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05 MAR -2 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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03/02/05--01002--006 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Forever Changed LLC  
(Name of Limited Liability Company)

**FILED**  
05 MAR -2 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Roccanti  
(Name of Person)

Forever Changed  
(Firm/Company)

4381 Kimberly Cir  
(Address)

Tallahassee, FL 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nick Roccanti at ( 850 ) 294-9711  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Forever Changed LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Forever Changed LLC  
2749 W. Tharpe Street Unit C-2  
Tallahassee, FL 32303

**Mailing Address:**

Forever Changed LLC  
2749 W. Tharpe Street Unit C-2  
Tallahassee, FL 32303

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

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

Nicholas Roccanti

Name

4381 Kimberly Cir

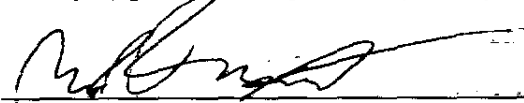
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32309

FL

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 608, F.S..*



Registered Agent's Signature

(CONTINUED)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Daniel Allen Cole

2749 W. Tharpe St Unit C-2

Tallahassee, FL 32303

MGRM

William Nathan Lee

8967 Winged Foot Dr.

Tallahassee, FL 32312

MGRM

Benjamin Joseph O'Rear

2327 Napoleon Bonaparte Dr.

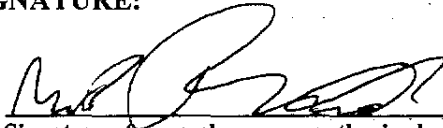
Tallahassee, FL 32308

see attachment

(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.)

Nicholas Roccati

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)**

Attachment of Manager(s) & Managing Member(s)  
For Forever Changed LLC

Title:

MGRM

MGR

Names and Address: 05 MAR -2 AM 9:58  
Thomas Wilson Gustafson  
1108 Carraway St.  
Tallahassee, FL 32308

Nicholas Dante Roccanti  
4381 Kimberly Cir  
Tallahassee, FL 32309

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TALLAHASSEE, FLORIDA