

L05000024295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

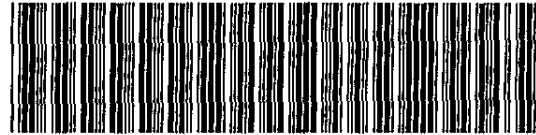
Document Number	DCC
-----------------	-----

Document Number	DCC
-----------------	-----

Document Number	DCC
-----------------	-----

Document Number	DCC
-----------------	-----

Document Number	DCC
-----------------	-----



700047122317

03/09/05--01030--002 **155.00

FILED
2005 MAR -9 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 28, 2005

Department of State
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, FL 32314

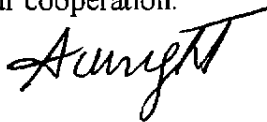
Dear Sir or Madam:

Enclosed is a check for \$155 to cover the formation of SALLIE WRIGHT LLC

Please send the certified copy to: SALLIE WRIGHT 334 SW 188 AVE, PEMBROKE
PINES, FL 33029

Thank you for your cooperation.

Very truly yours,



FILED
2005 MAR -9 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
SALLIE WRIGHT LLC

Article I Name

The name of the limited liability company shall be: SALLIE WRIGHT, LLC.

Article II Principal Office

The principal place of business and mailing address of this Limited Liability Company shall be: 334 SW 188 AVE, PEMBROKE PINES, FL 33029.

Article III Initial Registered Agent & Street Address

The name and address of the initial registered agent is: SALLIE WRIGHT located at 334 SW 188 AVE, PEMBROKE PINES, FL 33029

Article IV Duration

The duration of this Limited Liability Company shall be 12/31/2044

Article V Managers/Members

The management of this Limited Liability Company is reserved for the members and the name and address of this Limited Liability Company is:

SALLIE WRIGHT 334 SW 188 AVE, PEMBROKE PINES, FL 33029

FILED
2005 MAR -9 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/
REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: SALLIE WRIGHT, LLC

The name and address of the registered agent and office is: SALLIE WRIGHT, 334 SW 188 AVE, PEMBROKE PINES, FL 33029

Having been named as registered agent and to accept service for the above stated 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.

Signature *S. Wright*
SALLIE WRIGHT
February 28, 2005

and Member

2005 MAR -9 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED