105000032988

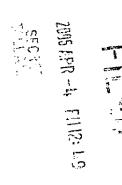
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	· #)	
PICK-UP WAIT	MAIL	
(Business Entity Nam	ne)	
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		

Office Use Only



800048132028

(14/04/05--01064--007 **155.00



TRANSMITTAL LETTER

Division of Cor				
SUBJECT: InvestNet	LLC (Name of Limited	Liability Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Ivaile of Linned	Clabinty Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
Thelma F				
	4)	lame of Person)		
InvestNet LLC				
WASHARI CTO	(1	Firm/Company)		
		•		
7431 114th	Avenue North, Suite #102	/# dd		
		(Address)		
Largo	, Florida 33773			
	(City/	State and Zip Code)		
For further information of	concerning this matter, please	call:		
			er e	į.
Thelma Ramey		at (727 548-7200		<u>.</u>
(Name	of Person)	(Area Code & Daytime Te	slephone Number)	*
			SSR AN	
Enclosed is a check for	r the following amount:		변유 골	ور ماست
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, 💀	
	ON MINUTE OF CHILLS	(additional copy is enclosed)	Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
InvestNet LLC	Manager and Manage
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7431 114th Avenue North	7431 114th Avenue North
Suite #102	Suite #102
Largo, Florida 33773	Largo, Florida 33773
The name and the Florida street address of the Thelma Ramey Na	ame
3053 Branch Drive	
	t address (P.O. Box NOT acceptable)
Clearwater, FL 33760	DI
	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

4-5-04

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Thelma Ramey
	3053 Branch Drive
	Clearwater, FL 33760
MGR	Rose Shiflett
	3674 Imperial Ridge Parkway
	Palm Harbor, FL 34684
(Use attachment if necessary)	
NOTE: An additional article mu Effective Sate Havil 5, 20 REQUIRED SIGNATURE:	nst be added if an effective date is requested. 205
	Grea Lamey
Signature of a men	ber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
Theima Ramey	

Filing Fees:

Article V -

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

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

Page 2 of 2

Typed or printed name of signee