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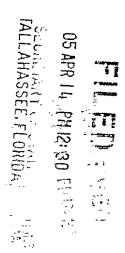
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100050508011

04/14/05--01045--013 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Utopian Suites Enterprise, LLC (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:
Teresa Edwards
(Name of Person)
(Firm/Company)
(rinizompany)
10505 Valentine Road South
(Address)
Tallahassee Florida 3237 (City/State and Zip Code) APR 14 PH 12: 30
For further information concerning this matter, please call:
Teresa Edwards at (850) 556-1265 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \end{align*} \$\ \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Utopian Suites En	terprise, LLC.
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10505 Wentive Road South Tallahassee, FL 32317	10505 Valentive Road South Tallahassee, FL 32317
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	egistered agent are:
Teresa Ann F	Edwards SSS F
10505 Valentine Florida street add	brane (D.O. Dou NOT consultable)
Tallahassee b City, State, a	

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-	Manageri	(s) or Mana	eine	Memb	er(s)	:
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The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Teresa App Educads 10505 Valentine Road South Tallahassee, FL 32317	
· · · · · · · · · · · · · · · · · · ·		_
(Use attachment if necessary)	D5 APR 14 HASSE	T]
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	
Signature of a member or (In accordance with section	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury	

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)

Teresa ANN Edwards
Typed or printed name of signee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (Continued)

Attachment A

ARTICLE V - Effective Date:

The requested effective date of the Limited Liability Company is:

April 14,2005

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