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(Address)	
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(City/Štate/Zip/Ph	one #)
PICK-UP WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 78-A Lo Lo 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:
Hollis Sherberg (Name of Person)
(Firm/Company)
640 Sea Turtle WAY
Plantation, Fl. 33324 (City/State and Zip Code)
For further information concerning this matter, please call: Hollis SherBerg at 954 4747273 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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:
78-A L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Hollis Sherberg Name
Florida street address (P.O. Box NOT acceptable)
Hollywoon FL 33020 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

(CONTINUED)

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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	Name and Address: Member
MGR	Hollis Shernerg
	Phantation, FL. 33324
• .	**************************************
<u> </u>	
(Use attachment if nec	ssary)
NOTE: An additions	article must be added if an effective date is requested.
REQUIRED SIGNAT	URE:
	Holli Shuerer.
Signs	ture of a member or an authorized representative of a member.
of thi	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	Hollis Sherberg = Typed or printed name of signee
	Typed or printed name of signee
Filing Fees:	Articles of Organization and Designation
\$125.00 Filing Fee for of Registered \$ 30.00 Certified Cop \$ 5.00 Certificate of	Agent (Optional)