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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARTEMIS INVESTMENTS 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:
10annic K Roditis (Raine of Person)
(Firm/Company)
27024 Parmetto bend DR
Wesley chapel Fr 33543
For further information concerning this matter, please call:
10AVM) K Popitis at 813 546 4048 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$□ \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$□ \$160.00 Filing Fee, 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:
ARTEMIS INVESTMENT LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
27024 Parmetto bend 27024 Parmett bout
Wesley chapel FL33543 Wesley chapel FL33543
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ADRIENNE RODITIS
Name 27021 PAMEHS BELL DR 1, Florida street address (P.O. Box NOT acceptable)
Wesley Cloudel FL FL 33543 Eity, 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

(CONTINUED)

The name and address of each Ma	anager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgr_	DANNI E RODITIS 27004 - PAUMETTO DEUL PR Wesley Chapel
	75 2573
	ALL SECONDARY OF THE SE
	SPEE FORM
(Use attachment if necessary)	
NOTE: An additional article m	oust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member.
(In accordance with of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
	JVI) K Rop+);

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)