## L05QQ0064947

\*\*125.00

2005 JUN 22 P 12: U9  SECRETARY OF STATE  (Requestor's Name) TALLINITACSEE, FLORIDA  (Address)			
(Address)	300056387513		
(City/State/Zip/Phone #)	<del></del>		
(Business Entity Name)  (Document Number)	06/22/0501044012 **12		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
AL.			

Office Use Only

## TRANSMITTAL LETTER

FILED

	•			
TO:	Registration Section Division of Corporations		7	005 JUN 22 P 12: 09
	• ,			
SUBJECT: Sudth and denied LLC SECRETARY OF STATE (Name of Limited Liability Company) TALLAHASSEE, FLORIDA				
(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:				
	,	Derived.	ame of Person)	
		(N	ame of Person)	· .
judithanddoniel UC				
(Firm/Company)				
				·
	\	116 Enisu	sood Perkiscu	٠,
1116 Eniswood Perkiscy (Address)				
	(	Ralm He	-bu EL 346	₹3
Palm Haby FL 34683 (City/State and Zip Code)				
For further information concerning this matter, please call:				
-	vaiel N	harai	<del>\$</del> \\$763=	2102
	(Name of Person)		at (83) 263- (Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:				
<b>\$</b> 125	6.00 Filing Fee	0.00 Filing Fee & eate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, 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

## FILED

2005 JUN 22 P 12: 09

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TALLAHASSEE, FLORIDA

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
jud thanddoniel UC	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1116 Engineed Parking	SPRIC
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	egistered agent are:
Name	Meharan
Florida street addi	ress (P.O. Box NOT acceptable)
Polm Ukrber City, State, as	FL 34683

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- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: Name and Address: Title: Z005 JUN 22 ₽ 12: 09 "MGR" = Manager "MGRM" = Managing Member SECRETARY OF STATE MGRX 1116 MERL (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes 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)

that the facts stated herein are true.)

Typed or printed name of signee