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ALLAHASSEE, FLORIII

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Energeo R	ed Liability Company)	OS AUG-2 PR W. 34 TALLY MASSEE, FLORING
The enclosed Articles of Organization and fee(s) are	submitted for filing.	To Party
Please return all correspondence concerning this matt	-	Oall
Robert Cli-	Frord Millende (Name of Person)	
	(Firm/Company)	
111 Collenway	Drive (Address)	
Havana, Pr	32333 //State and Zip Code)	
For further information concerning this matter, please	call:	
Cliff Millender (Name of Person)	at (850) 539- (Area Code & Daytime Te	2091 lephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$ Certificate of Status	2 \$155.00 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	MAILING AI Registration So Division of Co P.O. Box 6327	ection rporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
Energeo Records LC
<u> </u>
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
The manning address and succe address of the principal office of the Emilion Diability Company is.
Desirational Office Addresses Mailing Addresses
Principal Office Address: Mailing Address:
111 (
III Greenway Dr. III Greenway Dr.
Havana, F1: 32333 Havana, F1: 32333
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Robert Clifford Millender
Name " "
III Greenway Dr.
Florida street address (P.O. Box NOT acceptable)
170Vana FL 32333
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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Robert Clifford Millender  111 Greenway Dr.  110vana Fr 32333
-	
(Use attachment if necessary)	
	added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a member of	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
Typed	or printed name of signee

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)