

L05000076608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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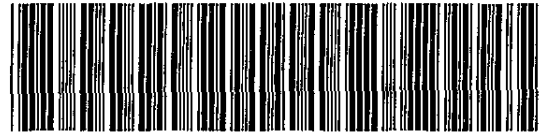
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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July 27, 2005

Dear Registration Section Division of Corporations,

Cover Letter:

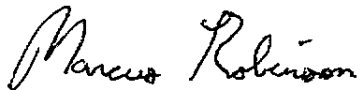
Name of Limited Liability Company is: Start Fresh LLC

Mailing Address: 4642 Staghorn Dr #241 Orlando, FL 32808

Registered Office:

Marcus Robinson  
4642 Staghorn Dr #241  
Orlando, FL 32808  
407.748.6252

Thank You,

A handwritten signature in cursive script that reads "Marcus Robinson".

Marcus Robinson

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Start Fresh LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

4642 Staghorn Dr #241  
Orlando, FL 32808

#### Mailing Address:

4642 Staghorn Dr #241  
Orlando, FL 32808

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Marcus Robinson

Name

4642 Staghorn Dr #241

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32808

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.*

Marcus Robinson

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member


**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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 that the facts stated herein are true.)



\_\_\_\_\_  
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)

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