## L050000 76692

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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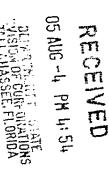


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OS AUG -L AM 7: 3L SECRETARY OF STATE TALL AHASSEE, FLORIDA



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

Collier Enterpris	WY CC
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal
	Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name
	Corp Record Search  Officer Search  Fictitious Owner Search
Signature	Vehicle Search
Requested by:	Driving Record  UCC 1 or 3 File  UCC 11 Search
Name Date Time	TICC 11 Desirand



RTICLES OF OR	<b>IGANIZATIO</b>	IN FOR FLORIDA LIMIT	ED LIABILITY	COMBANA
ARTICLE I - Nam	le:			All In
The name of the Lir	nited Liability	Company is:		•
Collier Enterprises, LI	ıc			
ARTICLE II - Add The mailing address		iress of the principal office of	the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Addr	<u>es\$:</u>	
118 S. Newport Aver	ìue	118 S. Newport	Avenue	
Tampa, FL 33606		Tampa, FL 3360	06	
ARTICLE III - R	egistered Agen	ıt, Registered Office, & Regi	stered Agent's Si	TASE TO T
The name and the F	lorida street ad	ddress of the registered agent a	re:	G-4 HASS
	Stacy C. Frank			HO - IT
Name				TO B
118 S. Newport Avenue				7: 34 FLORIE
Florida street address (P.O. Box NOT ac			r acceptable)	DE F
	Tampa,	_FL 33606		<del>*</del>
		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.

Registered Agest's Signature

(CONTINUED)

Page 1 of 2

## 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:
MGRM	Stacy C. Frank
	118 S. Newport Avenue Tampa, FL 33606
(Use attachment if necessary)  NOTE: An additional article must h	pe added if an effective date is requested.
REQUIRED SIGNATURE:	A-
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constituent that the facts stated he	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury trein are true.)
Stacy C. Frank	
Тур	ed or printed name of signee
Filing Fees:	
0127 00 Till - Es for Autilia of Organ	imate- and Durianation

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)