

Aug 19 2005 3:53AM

Hamrick, Perrey, Quinlan, Smith

No 8719

P. 2

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Florida Department of State
Division of Corporations
Public Access System

(5)

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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HAMRICK, PERREY, QUINLAN & SMITH, P.A.
Account Number : I19990000030
Phone : (941) 747-1871
Fax Number : (941) 745-2866

MA HODGE

LIMITED LIABILITY COMPANY

Julianna, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Aug. 19. 2005 9:54AM Hamrick Perrey Quinlan Smith

No. 8709 P. 3

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julianna, 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:

Lori M. Dorman, Incorporator

(Name of Person)

(Firm/Company)

P.O. Box 551

(Address)

Bradenton, FL 34206

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori M. Dorman

(Name of Person)

at (941)

747.1871

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE

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FLORIDA DEPARTMENT OF STATE
Glenda H. Hood
Secretary of State

August 19, 2005

HAMRICK, PERREY, QUINLAN & SMITH

SUBJECT: JULIANNA, LLC
REF: W05000039306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H05000198175
Letter Number: 205A00052909

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Julianna, LLC

ARTICLE II - Address:

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

Principal Office Address:

601 12th St W
Bradenton, FL 34205

Mailing Address:

P.O. Box 551
Bradenton, FL 34208

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

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

Lori M. Dorman

Name

601 12th Street W

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

Bradenton, FL 34205

FL

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.

Lori M. Dorman

Registered Agent's Signature

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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:

MGR

Lori M. Dorman

P.O. Box 551

Bradenton, FL 34206

(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.)

Lori M. Dorman

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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