(DSDOOD 84378

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	***
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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R.M. LeRoux Consulting

Bookkeeping, Payroll, Income Tax For The Individual . Corporation . Partnership . Sole Proprietor

507-D Herbert Street, Port Orange, FL 32129-3845

Phone (386) 788-7264 * Toll Free (866) 247-5071 * Fax (386) 788-1958 * Email: rleroux@outdrs.net

August 23, 2005

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Please file the enclosed Articles for the following Limited Liability Company:

A G Collins Properties, LLC

5081

Attached is my check number sees in the amount of \$160.00 for the following:

Filing Fee:	125.00
Certified Copy	30.00
Certificate of Status	5.00

Total 160.00

Thank You,

R.M. LeRoux

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:
A G Collins Properties, LLC

Article II

The street and mailing address of the principal office of the Limited Liability Company is: 43 West Granada Boulevard, Ormond Beach, FL 32174

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

Al Collins

43 West Granada Boulevard, Ormond Beach, FL 32174

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 am familiar with and accept the obligations of the projection as registered agent.

it statutes relating to the proper and complete personnance of my de	HICS	
familiar with and accept the obligations of my position as registered	d agent.	
Registered Agent Signature:		
· · · · · · · ·	LES 2	
Article ^V	<u> </u>	
The name and address of the managing members/managers are:	2005 AUG 25 SECRETAR TALLAHASS	-
Al Collins, MGRM	Size Li	-
43 West Granada Boulevard, Ormond Beach, FL 32174	是是	V
Signature of member or an authorized representative of a member.	FLO	
Signature of member or an analyzed representative of a member.	24 F.	
Signature:	Dri -1	
Date: 8/33/05		