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	(City/Sta	te/Zip/Phone #)			
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SECRETARY OF STATE THE BEAUTIFUL OF COMPORANT TALLAHASSEE, FLORIDA ON WISHING OF COMPORANT TALLAHASSEE, FLORIDA

05 SEP 27 ANII: 47 05 SEP 27 ANII: 3

COVER LETTER

TO:

TO: Registration S Division of C		-	·	
SUBJECT:	Diva n	Mandor LA d Liability Company)	LC	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		٠
Please return all corres	pondence concerning this matte	r to the following:		
BE.	TTV B	ENNETT Name of Person)		
		Name of Person)		•
	(Firm/Company)		
53	09 Bonn	16 hill Rel	Acc -	
Ch	Atta hooche	(Address)	SEP 2	7
	(City	(State and Zip Code)	SEE	m
For further information	concerning this matter, please of	call:	AMII: 47	
Dittes	Bennett	at (850) 663	8520	
() lam	e of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check f	or the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Adducer		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Lawrence Ogburn Florida street address (P.O. Box NOT acceptable)

ChatTakeachus FL 32324

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	BETTY BENNETT 530 9 BODNIGHILL Rd Challehooches 71-32334
MGRM	GILES CLEANERS 8182 HWY 90 E
	3NGOds / F/ 32460
MGRM	DEARLO BENNETT BRUCH
·	355 White St
MGRM	Joel H. Bracy
	ROSEIG N. J. D7803
(Use attachment if necessary)	ASSET
ARTICLE V: Effective date, if other than the da	te of filing:
	e specific and cannot be more than Re business days

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.)

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)