

L05000105600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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130.00

~~**105.00~~

L05-105600

FILED
05 OCT 28 AM 10:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W05-44788

LLC
cannot be own
RA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cherokee Enterprises 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:

Cherokee Lampp
(Name of Person)

Cherokee Enterprises LLC
(Firm/Company)

18714 Havenwoods Rd.
(Address)

Brooksville, Florida 34610
(City/State and Zip Code)

For further information concerning this matter, please call:

Cherokee Lampp at (352) 346-8729
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 28, 2005

CHEROKEE LAMPP
CHEROKEE ENTERPRISES LLC
18714 HAVENWOODS ROAD
BROOKSVILLE, FL 34610

SUBJECT: CHEROKEE ENTERPRISES LLC
Ref. Number: W05000044788

We have received your document for CHEROKEE ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

RA
A business entity may not serve as its own ~~manager or managing member~~. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 105A00059132

*should be as
RA
She had corp as RA*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cherokee Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

18714 Havenwoods Rd.
Brooksville, Florida 34610

Mailing Address:

18714 Havenwoods Rd.
Brooksville, Florida 34610

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

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

Cherokee Enterprises LLC Cherokee Hamp
Name

18714 Havenwoods Rd.
Florida street address (P.O. Box **NOT** acceptable)
Brooksville, Florida 34610 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..

Cherokee Hamp
Registered Agent's Signature

(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:

MGR

Cherokee Lampp

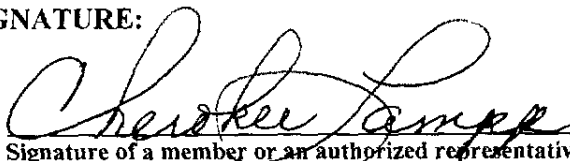
18714 Havenwoods Rd.

Brooksville, Florida 34610

(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.)

Cherokee Lampp

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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TALLAHASSEE, FLORIDA