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	NICHOLAS P. ORROS 494 TEAL LN.	•
	TALLAHASSEE, FL 32308	
,	,)	
(Address'	<u> </u>
,	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	لحا	I
	(Dunings Entity Name)	
,	(Business Entity Name)	
	(Document Number)	
`	Document Hamber)	
Certified Conies	Certificates of	Statue
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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EFFECTIVE DATE

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1 BRYAM NOV 1 5 2005

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	ORROS PROPERTIE	ES L.L.C.	
	(Name of Limited	l Liability Company)	
The enclosed Articles o	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	ジ 弓
	NICHOLAS	ORROS Name of Person)	SE SE
ORRO	S ENGL PROPERTY		THE SELL PROPERTY.
	(1	Firm/Company)	in the
	494 TEA	LANE	ORIO PHY
_			
TA	City/	L 32308	
	/ (City/	State and Zip Code)	
For further information	concerning this matter, please of	call:	
\mathcal{L} \mathcal{L}	D	OCA 22: 5	20.7
(Name	2 PERKINS of Person)	at (<u>850</u>) <u>521-2</u> (Area Code & Daytime Te	elephone Number)
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Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

NICHOLAS P. ORROS 494 TEAL LN. TALLAHASSEE, FL 32308

SUBJECT: ORROS PROPERTIES LLC



We have received your document for ORROS PROPERTIES LLC and your check(s) totaling \$58.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't have a suffix on a Partnership Registration. If you are wanting to register as a Limited Liability Company you would need to complete the Articles of Organization and send the approiate fees.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 905A00066091

ARTICLES OF ORGANIZATION FOR	ET ODIDA I II	MITED I IARII	เบา สาร์	PANU.
ARTICLES OF ORGANIZATION FOR	FLORIDA LII	VILLED LIABIL	TOWN	
ARTICLE I - Name:			6	7/8
The name of the Limited Liability Company	is:		3	
and many of the smaller smaller company			() () ()	G 74
ORROS PROPERT	ies LL	С	 ,	700
(Must end with the words "Limited Liability Company, "Li	imited Company" or t	heir abbreviation "LLC,"	or "L.C.,")	64
150000000000000000000000000000000000000				70
ARTICLE II - Address:				
The mailing address and street address of the	e principal office	of the Limited Lia	ibility Comp	any is:
		_		
Principal Office Address:	<u>Mailing Ac</u>	<u>ldress:</u>		
494 TEAL LANG	494	TEAL LAN	€	EFFECTIVE DATE
TALLAMASSE FL 32308	TALLAH	455EE, FL 32	308	-11/0/05
		<u> </u>		
business entity with an active Florida registration.) The name and the Florida street address of the Micholas Oktobal Na	-	nt are:		
494 TEAL	ANE address (P.O. Box)	NOT accentable)		
TALLAHASSEE City, Sta	FL 52	308		
City, Stat	te, and Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, acity. I further ag Aperformance of	I hereby accept the ree to comply with my duties, and I am	e appointmen the provision familiar with	t as es of all h and
/ // // // // // // / / / / / / / / /	<i>(</i> /			
/ X A				
Registered Agent's Sig	enature (REOUIREI	<u></u>		
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(CONTINUED)
Page 1 of 2

WGR" = Managing Member MGR	TT: 13	The state of the s
Use attachment if necessary) LEV: Effective date, if other than the date of filing: Signature of a member of 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.)	<u>Title:</u>	Name and Address:
Use attachment if necessary) LE V: Effective date, if other than the date of filing: Signature of a member of 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.)		
Use attachment if necessary) LE V: Effective date, if other than the date of filing: 1/8/2005 (OPTION decive date is listed, the date must be specific and cannot be/more than five business declays after the date of filing.) REOUIRED SIGNATURE:	"MGRM" = Managing Member	5
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Use attachment if necessary) LE V: Effective date, if other than the date of filing: 1/8/2005 (OPTION decive date is listed, the date must be specific and cannot be/more than five business declays after the date of filing.) REOUIRED SIGNATURE:	MGL	LIHRISTIE DROZ PERKINS
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Use attachment if necessary) LE V: Effective date, if other than the date of filing:		YOU TO
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Use attachment if necessary) LE V: Effective date, if other than the date of filing:		ALLAMASSEE FL S2308
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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)