

L05000114023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

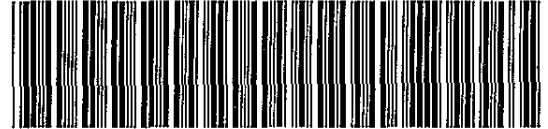
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*(Handwritten signature and date 11/22/05)*

Office Use Only



600061561496

**EFFECTIVE DATE**  
12/01/05

11/22/05--01009--028 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 21 PM 4: 00

APPROVED  
AND  
FILED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: HoneySuckle Rose, by Amber, 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:

Amber Justice

(Name of Person)

7125 Fruitville Road

(Firm/Company)

suite # 766

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Amber Justice

(Name of Person)

at ( 304 ) 210-2321

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EFFECTIVE DATE**  
12/01/05

HoneySuckle Rose, by Amber, LLC.

(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:**

Amber Justice  
7125 Fruitville Rd. suite #766  
Sarasota, FL. 34240

Amber Justice  
7125 Fruitville Rd. suite #766  
Sarasota, FL. 34240

**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 a business entity with an active Florida registration.)

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

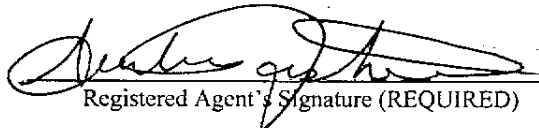
Amber Justice  
Name

7125 Fruitville Rd. suite #766  
Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL. 34240 FL  
City, State, and Zip

APPROVED AND FILED  
05 NOV 21 PM 4: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature (REQUIRED)

(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

Amber Justice  
7125 Fruitville Rd. suite #766  
Sarasota, FL. 34240

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

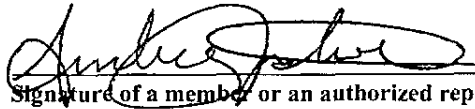
\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12-01-2005 —, (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Amber Justice  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 21 PM 4:00

APPROVED  
AND  
FILED

**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)