L06000005917

(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:





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SECRETARY OF STATE CIVISION OF CONTRACTION OF STATE CIVISION OF CONTRACTION OF CONTRA



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JAN 1

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:		
(Must end with the words "Limited Liability Company, "Limited Co	pmpany" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the principal	ipal office of the Limited Liability Compar	ıy is
Principal Office Address: M	lailing Address:	
1303 Ocala 2) # 232 TAMAHASSEE FL.	1303 Quala Rd. * 232 TAHARSEE EL. 32304	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent Signature: Agent. You must designate an individual or dicther	
The name and the Florida street address of the regis		raige <u>Gran</u>
CHARLES HI	OF STATE FLORID	n フ
2475 GREER CT. Florida street address	(P.O. Box NOT acceptable)	
TAHAHASSES FI City, State, and 2		

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' Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	MICHAEL SCOTT
	1303 0006 Rd. #232 TAHAHASSEE FL. 32304
	TAHMASSEE PL. 32304
MGEM	CHARLES HEATH
	2475 GREEC CT. Tallah Assre FL. 32308
(Use attachment if necessary)	TALE
LE V: Effective date, if other than t	he date of filing: (9PTO
	be specific and cannot be more than five business d
days after the date of filing.)	SSE
days after the date of filing.)	SSEE. FL
	SSE
days after the date of filing.)	SSEE. FLORI

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)

Michael Score
Typed or printed name of signee