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## **COVER LETTER**

	TO: Registration Sec Division of Cor			
	SUBJECT:G	OPHER CONST	RUCTION Liability Company)	
	·•	`	<b>.</b>	
	The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	10000000000000000000000000000000000000
15	•	ondence concerning this matter	_	ASSET O P
— · _ ·	JEFE	ERY A IN	ALDEC!	5,50, 2
		GERY A LU	Name of Person)	LORIDA DE LORIDA DEL LORIDA DEL LORIDA DEL LORIDA DE LOR
		(1	Firm/Company)	
15,1	//24	9 PETL CT	(Address)	· <del></del>
-	DA	0E CITY , EC (City/	State and Zip Code)	
	For further information	concerning this matter, please of		- 4516 lephone Number)
-	Enclosed is a check for	or the following amount:		,
<b>[</b>	\$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		E SO
(Must end with the words "Limited Liability Company, "Limited	LLC d Company" or their abbreviation "Ll	FILED PR 2: 13
ARTICLE II - Address: The mailing address and street address of the pr	incinal office of the Limited	رب رخ م
The maning address and street address of the pr	merpar office of the Elimica	Diability Company is.
Principal Office Address:	Mailing Address:	
11249 PELL CT DADE CITY, FL, 33525		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		dividual or another
The name and the Florida street address of the re	•	== 01/201010
LEASERY A	LINDER	217010
Name		
11249 PECC C Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
DAOE CITY City, State, a	FL 33525 nd Zip	=======================================
Having been named as registered agent and to a		he above stated limited

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) Page 1 of 2

<u>Fitle:</u> 'MGR" = Mar 'MGRM" = M	nager Ianaging Member	Name and Address:
EFFERY A	Linder	11249 PELL 1T
"MCR"		DADE CITY, FL, 53525
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Use attachme	nt if necessary)	1/20/VA (OPTIO
EV: Effective date is	ve date, if other than the listed, the date must edate of filing.)	
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LE V: Effective date is days after the	listed, the date must e date of filing.)	be specific and cannot be more than five business
LE V: Effective date is days after the	listed, the date must e date of filing.) SIGNATURE:	be specific and cannot be more than five business of the control o
LE V: Effective date is days after the	listed, the date must e date of filing.)  SIGNATURE:  Signature of a memi	be specific and cannot be more than five business of the best of a member.  Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)