# L06000009235

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	<del>‡</del> )
PICK-UP	WAIT	MAIL
· = -**		
(B	usiness Entity Name	<del></del>
(D	ocument Number)	
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ertified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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		, hill





01/20/06--01021--019 \*\*125.00

# **COVER LETTER**

 -	TO: Registration Division of C				
5,500 <b></b> 	SUBJECT:		EL, LLC d Liability Company)	<del></del>	
	The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
	Please return all corre	spondence concerning this matte	r to the following:		
- , - ,		JEFFRE	EY C. VIII.	ms	
	. =	CITA	Name of Person)		05 JAN 20
	_	(	Firm/Company)		
1	_ =	86131	(Address)	14	PH 2: 14
		,	(Address)		OR C
		JULEE F	L 32097	-	≥ +
		(City,	/State and Zip Code)		
	For further information	n concerning this matter, please	call:		
	JEFF W	ne of Person)	at ( 407) 334- (Area Code & Daytime Te	- 2034 elephone Number)	
<u>-</u>	Enclosed is a check	for the following amount:			
. ,	\$125.00 Filing Fee	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
		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:

(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

**Principal Office Address:** 

**Mailing Address:** 

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 another business entity with an active Florida registration.)

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

TEFFREY C. WILLIAMS

Florida street address (P.O. Box NOT acceptable)

YULEE FL 32097

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..

Begistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
<del>-</del> .	MGRM	JEFFREY W/100 AMS 86131 RED HOLLY PLACE YULEE FL 32097		
<u>.</u> . –	MGRM	RICHARD HARRIS SG131 RED HOLLY PLACE THEE FL 32097		
		SECHE!	06 JAN 20	ユ
 - •	(Lise attachment if necessary)	OF STATE FLOAID	0 PM 2: 14	
(If an	(Use attachment if necessary)  CLE V: Effective date, if other than the date effective date is listed, the date must be spood days after the date of filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days p		

# **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.)

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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