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COVER LETTER

TO:	-	ion Section of Corporations	 -	
SUBJ	ECT:	MILLICENT ROSE (Name of Limited	BURLESON: LLC d Liability Company)	
The en	closed Arti	cles of Organization and fee(s) are s	ubmitted for filing.	
Please	return all c	orrespondence concerning this matte	r to the following:	
		MILLY BURLE	SON	
		(0	Name of Person)	
	***************************************	(Firm/Company)	
		2555 Semo	bran Drive	
		PensacolA,	(Address) FL 32503	
			/State and Zip Code)	
For fu	rther inform	ation concerning this matter, please	call:	
		BURLESON (Name of Person)	at (850) 712-1386 (Area Code & Daytime Telephone Number)	
		eck for the following amount: Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	is &
		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:

MILLICENT ROSE BURLE	
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	singinal office of the Limited Liebility Commons is
The maning address and street address of the pi	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2555 Semoran DR.	2555 Semoran DR
Pensacola, Fl 32503	TRUSQUALA FI
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the I	registered agent are:
MILLY BURL	eson Es
Name	
2555 Semo	DRANDRIVE # 3
Florida street add	iress (P.O. Box <u>NO I</u> acceptable)
Pensacola City, State,	FL 32503
City, State, i	ան եւթ
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR - Managing Member	
	MILLY BURLESON 2555 SEMORAN DRIVE PENSACOLA A 32503
(Use attachment if necessary)	
LE V: Effective date, if other than the offective date is listed, the date must be	date of filing: (OPTIONAL specific and cannot be more than five business days
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business days
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections)	ror an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)