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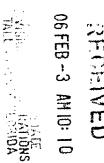
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COVER LETTER

TO: Registration Se Division of Co	ction porations			
SUBJECT:	(Name of Limite	Dainter d Liability Company)	ance.	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
Relar	+ Tetters	Mame of Person)		
Seft	Watters	Mainter (Firm/Company)	ance	
882	Dixic J	(Address)	75.00	W X THE
Tallah	assee Fi	/State and Zip Code)	B-3	
For further information of	concerning this matter, please	call:	AN IO: 22	PARTIES.
Lette U	of Person)	at (850) 27- (Area Code & Daytime T	5011	
Enclosed is a check for	r 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 Corporatio Clifton Building	ns	

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 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:

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signifured (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual dambther) business entity with an active Florida registration.)

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

toothar Thates

Name

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

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.

Registered 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (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 members (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.)

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)

Typed or printed name of signee