

L06000013938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

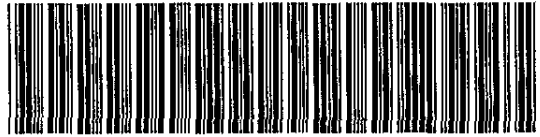
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400064858054

02/01/05--01005 --022 \*\*100,00

SECRET  
TALLAHASSEE, FLORIDA  
06 FEB -1 PM 3:33

*[Handwritten signature]*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
JENNIFER C. EGLI LLC**

**TRANSMITTAL LETTER**

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER C. EGLI LLC  
929 N. ORLANDO AVE.  
MAITLAND, FL 32751

For further information concerning this matter, please call:

Jennifer C. Egli at (407) 645-0072

06 FEB -1 PM 3:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
JENNIFER C. EGLI LLC**

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

**ARTICLE I. NAME**

The name of this LLC shall be: JENNIFER C. EGLI LLC

**ARTICLE II. MAILING ADDRESS OF LLC**

The principal place of business and mailing address of this LLC shall be:

JENNIFER C. EGLI LLC  
929 N. ORLANDO AVE.  
MAITLAND, FL 32751

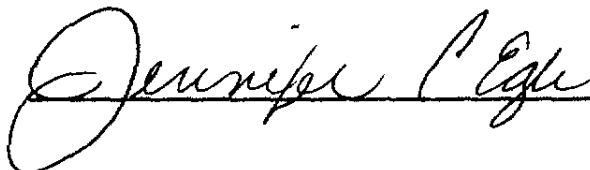
**ARTICLE III. REGISTERED AGENT**

The street address of the registered office of the LLC shall be:  
929 N. ORLANDO AVE.  
MAITLAND, FL 32751

The name of the registered agent of the LLC shall be:  
JENNIFER C. EGLI

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, FS.

Signature of registered agent



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06 FEB - 1 PM 3:33

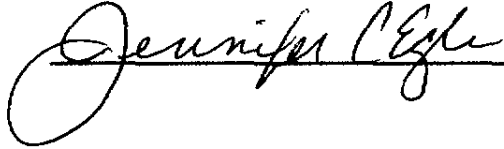
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
JENNIFER C. EGLI LLC**

**ARTICLE IV. MANAGER/MANAGING MEMBER**

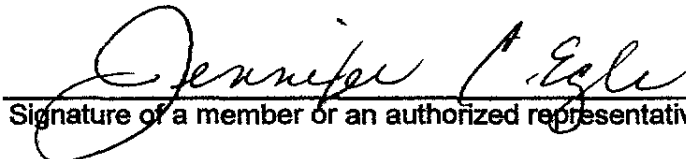
The name and address of each Manager or Managing Member is as follows:

Jennifer C. Egli      MGR  
929 N. Orlando Ave.  
Maitland, FL 32751

Signature:



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.)

JENNIFER C. EGLI

Typed or printed name of signee

STATE  
SECRETARY OF  
FLORIDA  
TALLAHASSEE  
06 FEB -1 PM 3:33