

L06000017318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

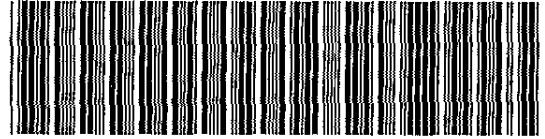
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/16

Office Use Only



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02/07/06--01038--014 **160.00

06 FEB -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

February 3, 2006

24 Cardamon Drive
Orlando, FL 32825

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

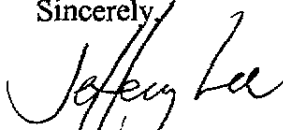
To Whom It May Concern:

Enclosed you will find documents submitted for an LLC formation on behalf of Eshalon LLC. You will also find a check in the amount of \$160.00 for the following:

LLC Formation Filing Fee	\$100.00
Designation of Registered Agent	\$25.00
Certified copy of LLC Articles	\$30.00
Certificate of Status	\$5.00

Thank you for your service.

Sincerely,



Jeffery Lee

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Article I - Name:

The name of the Limited Liability Company is:

Eshalon LLC

Article II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

24 Cardamon Drive, Orlando, FL 32825

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jeffery Lee

Name

24 Cardamon Drive, Orlando, FL 32825

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

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

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TALLAHASSEE, FLORIDA

Article IV - Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeffery Lee
24 Cardamon Drive, Orlando, FL 32825


MGRM

Elaine Lee
24 Cardamon Drive, Orlando, FL 32825

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Jeffery Lee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE
AND
FILED