## L0600019335

(Requestor's Name)
(10400001010110)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.7,2,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Ctates
Special Instructions to Filing Officer:

Office Use Only



600065904466

2/14/06

02/20/06--01057--003 \*\*160.00

FILED

06 FEB 20 AH II: 23

SLUANASSEE, FLORIDA

FER 29 2006

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: De5/0	ne by Chen	. \	
Solder	(Name of Limited	Liability Company)	
The enclosed Articles of O	rganization and fee(s) are su	abmitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
Cher	yl A Fenc	Azi C)\() Name of Person)	
Desi	gns by Ch	Nery   Firm/Company)	
1404	Mainsail (	(Address)	
Jupit	ner, Fl 334 (City/	State and Zip Code)	
For further information cor	ncerning this matter, please o	call:	c Million.
Charl Fee	dein	203 584 at 561 ) TH4 .	217(-
(Name of	Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for t	he following amount:		/
	3130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## 2 14 DV

ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1404 Margail Circle	1404 Maineail Circle Supiter F1 33477
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerus business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
City, State, a  Having been named as registered agent and to a  liability company at the place designated in the  registered agent and agree to act in this capacity  statutes relating to the proper and complete per	ress (P.O. Box NOT acceptable)  FL and Zip  accept service of process for the above stated limited this certificate, I hereby accept the appointment as in the provisions of all argometric for mance of my duties, and I am familiar with and prefed agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Title: "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:
MGR	<del></del>	Cheryl A Ferraiols 1404 Mainsaul Circle Suplter Fl 334T
LE V: Effective date is	listed, the date mus	the date of filing: 2 14 10 6 (OPTION st be specific and cannot be more than five business d
LE V: Effective date is days after the	ve date, if other than	the date of filing: 2 14 0 6 (OPTION st be specific and cannot be more than five business of
LE V: Effective date is days after the	ve date, if other than listed, the date must date of filing.) SIGNATURE:	st be specific and cannot be more than five business d
LE V: Effective date is days after the	ve date, if other than listed, the date must date of filing.)  SIGNATURE:  Signature of a me  (In accordance with of this document compared to the compared to	the date of filing: 2 14 0 6 (OPTION of the specific and cannot be more than five business of the spec

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)