

L06000023867

(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:

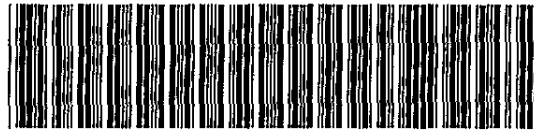
suffix (LTD.) needs Co. or LLC

PLLC

2/7

Office Use Only

Web-7775



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02/07/06--01000--010 \*11.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR -2 PM 4:14

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

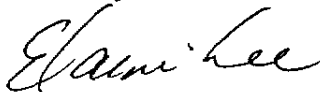
To Whom It May Concern:

Enclosed you will find documents submitted for an LLC formation on behalf of Miss Elaine's, Ltd. 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,



Elaine Lee

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

**Article I - Name:**

The name of the Limited Liability Company is:

Miss Elaine's, Ltd. Co.

**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:

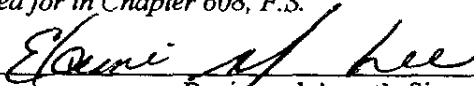
Elaine Lee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**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

Elaine Lee

24 Cardamon Drive, Orlando, FL 32825

MGRM

Jeffery 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.)

Elaine 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)**

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AND  
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TALLAHASSEE, FLORIDA