

LOG000024850

(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



100067132411

03/09/06--01001--006 **125.00

FILED

RECEIVED

2006 MAR -8 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -8 PM 2:43
DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Practicalories LLC

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

2006 MAR -8 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up

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

ARTICLE I - Name:

The name of the Limited Liability Company is: PRACTICALORIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability
Company is: 5415 LAKE HOWELL ROAD, #246
WINTER PARK, FL 32792

ARTICLE III - Purpose

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS ACTIVITIES.

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

SUSAN MITCHELL
5415 LAKE HOWELL RD. #246
WINTER PARK, FL 32792

*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:

Susan Mitchell

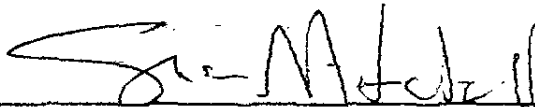
Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and
is, therefore, a manager - managed company. The name and address of the managing
members/ managers are:

FILED
2006 MAR -8 PM 3:52
TALLAHASSEE FLORIDA
SECRETARY OF STATE

SUSAN MITCHELL
5415 LAKE HOWELL ROAD #246
WINTER PARK, FL 32792
Title: Manager

CHARLES OLSEN
5415 LAKE HOWELL ROAD #246
WINTER PARK, FL 32792
Title: Manager



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.)

SUSAN MITCHELL
Typed or printed name of signer

ARTICLE VI – Effective Date

The effective date of the limited liability company is March 1, 2006.