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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer;	
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FILINGS, INC. TERESA ROMAN (Requestor's Name) THE RECEPTION OF PASSES. 2805 LITTLE DEAL ROAD (Address) TALLAHASSEE, FLORIDA 32308 385-6735 **OFFICE USE ONLY** (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1231, LC (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Will wait Certificate of Status Mail out Photocopy **NEW FILINGS AMENDMENTS Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Examiner's Initials

Trademark

Other

CR2E031(10/92)

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	72	
The name of the Limited Liability Company is:		
CHAR-Hut 1221		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C."	
ARTICLE II - Address:		
	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
50 Compass LANCE	1221 TAPT Street	
37108	33026	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:		
IRA MARCUS		
Name		
13/35. Andules Aul		
Florida street address (P.O. Box NOT acceptable)  H, LAUPEVOULE Fla. 373/6		
City, State, an	d Zip (	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member W.D. Entenperses, lle (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true,

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)