

106000050316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

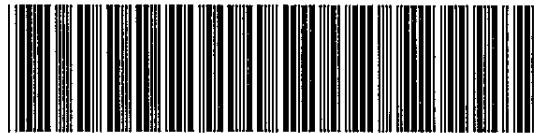
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300072660313

05/16/06--01038--015 \*\*125.00

06 MAY 16 PM12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 MAY 16 PM 1:22  
DIVISION OF CORPORATION

BB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Donna's Services LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Marie S Francis  
(Name of Person)

Donna's Services LLC  
(Firm/Company)

509 N Bellamy Drive  
(Address)

Quincy, FL 32351  
(City/State and Zip Code)

06 MAY 16 PM12:26  
J.L.E.D  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Donna Francis at (850) 295-0060  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status  \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Donna's Services LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

Principal Office Address:

509 N Bellamy Drive  
Quincy, Florida  
32351

Mailing Address:

509 N Bellamy Drive  
Quincy, FL 32351

### 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:

Donna Marie S Francis  
Name

509 N Bellamy Drive  
Florida street address (P.O. Box NOT acceptable)

Quincy FL 32351  
City, State, and Zip

06 MAY 16 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
ED

*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..*

Donna Marie S Francis  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

Kenneth H Francis  
509 N Bellamy Drive  
Quincy, FL 32351

06 MAY 16 PM 12:26  
SERV'RY OF STATE  
TALLAHASSEE, FLORIDA

REC'D

(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:**

Donna Marie S Francis

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.)

Donna Marie S Francis  
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)