

L06000053053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

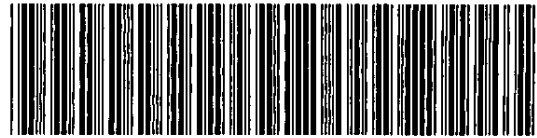
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/16/06--01006--014 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 16 PM 1:30

EFFECTIVE DATE

5-11-06

OB

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAROLD POTTRUFF, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

\$125.00
Filing fee & Designation
of Registered Agent

\$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

\$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

HAROLD POTTRUFF
5119 N. ORANGE AVE.
WINTER PARK, FL 32792

For Further information concerning this matter, please call: HAROLD POTTRUFF at 407-314-5161.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION

OF

HAROLD POTTRUFF, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: HAROLD POTTRUFF, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is HAROLD POTTRUFF, LLC, 5119 N. ORANGE AVE., WINTER PARK, FL 32792

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

<u>NAME</u>	<u>ADDRESS</u>
HAROLD POTTRUFF	5119 N. ORANGE AVE. WINTER PARK, FL 32792

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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.



HAROLD POTTRUFF

EFFECTIVE DATE
5-11-06

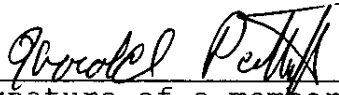
ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	HAROLD POTTRUFF 5119 N. ORANGE AVE WINTER PARK, FL 32792


ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be May 11, 2006.



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.)



Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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2006 MAY 16 PM 1:30

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 09 day of May, 2006.

Harold Pottruff
HAROLD POTTRUFF

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 09 day of May, 2006 by QD, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Kimberly Aldridge
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Harold Pottruff
POTTRUFF

DATE: 5-9-06

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
2006 MAY 16 PM 1:31

Produced FL DL # P361-345-71-127-0