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(Re	questor's Name)			
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## COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	(Name of Limite	7-76ng LLC d Liability Company)	, 
The enclosed Articles o	. f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
<u> </u>	William	Dear	
	$\sim 1/$	Name of Person)	,
		Firm/Company	
	146 Rec	Abd Gle	70
	,	(Address)	
Fort	White Fla.	32038 (State and Zin Code)	<del></del>
	(City	rstate and Zip Code)	
For further information	concerning this matter, please	call:	
William (Name	Dear of Person)	at ( 346 ) 75 (Area Code & Daytime Te	H- O6 5 4 elephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
(Must end with the words "Limited Liability Compan	25 LLC  ny Limited Company" or their abbreviation "LLC," or "L.C.,")
The name of the Limited Liability Comp	bany is:

**ARTICLE I - Name:** 

146 Bredoud Glan 146 Robert Fort White Fi	1 61m	38 3	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individue business entity with an active Florida registration.)	ual or anothe	r	
The name and the Florida street address of the registered agent are:	LL A	<u>₹</u>	,u
William Dear	HAS AS	06 MAY 30	***
Name	SE P	0	1
146 Redbud Glenn		PH 2:	1 man
Florida street address (P.O. Box <u>NOT</u> acceptable)	유당	••	154

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..

Fort White FL 32038
City, State, and Zip

Registered Agent's Signature (REOUIRED)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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

Filing Fees:

\$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)
- \$ 5.00 Certificate of Status (Optional)