L060006281

2006 JUN 26 P 2: 38 SECRETARY OF STATE (Requestor's Name ALLAHASSI (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status _ Certified Copies ____ Special Instructions to Filing Officer:

Office Use Only



000076568610

06/26/06--01030--011 **130.00

COVER LETTER

FILED

(additional copy is enclosed)

TO: Registration Section Division of Corporations 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: Shelley Pierce (Name of Person) (Firm/Company) BARDMOOR PLACE (Address) LARGO, FLORIDA For further information concerning this matter, please call: Shelley Pienco Enclosed is a check for the following amount: □ \$125.00 Filing Fee \$130.00 Filing Fee & □ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

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

FILED

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
	OR FLORIDA LIMITED LIABILITY COMPANY 2015 JUN 26 P 2: 28
ARTICLE I - Name:	SECRETARI

S. 2.12.12 11.2.2.11.

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

ARTICLE II - Address:

The name of the Limited Liability Company is:

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

Principal Office Address:

8540 BARDMOOR PLACE
LANGO, FL 33777

Mailing Address:

8540 BARDMOOR PLACE
LANGO, FL 33777

LANGO, FL 33777

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:

BONNIE SANDERS

Name

7501 Combenland Rd #24

Florida street address (P.O. Box NOT acceptable)

LANGO . FL 33777

City, State, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	or Managing Member(s): h Manager or Managing Member is as follows: FILED Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	2006 JUN 26 P 2:
MGRM	SKIP PIERCESECRETARY OF STA
M GR	Shelley Pience 8540 BARDMOON PLACE
MGR	BONNIE SANDERS 7501 CUMBERGARD Rd # 25
MGA	LANGO, FL 33777 BERNAND SANDERS 750, Cumberland Rd 42. LANGO, FL 38222
(Use attachment if necessary)	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
CLE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document of the fact	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p considered Sac
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document of the fact	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p compared Section 608.408(3), Florida Statutes, the execution cent constitutes an affirmation under the penalties of perjury s stated herein are true.)
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document of the fact	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p considered Sac