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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2006 JUL 10 AM 10: 3C SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Co			4
SUBJECT: The Cu	ıtting Hedge 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:	
Sheila Osg	ood		
	(Name of Person)	
The Cutting	g Hedge LLC		
	(Firm/Company)	
6270 107t	h Place South		
·		(Address)	
Boynton B	Beach, FL 33437		
<u> </u>		/State and Zip Code)	
		• • •	
For further information	concerning this matter, please	call:	ZOS JUL 10 SECRETAR TALLAHASS
Sheila Osgood		at (561) 503-056	5 HAS
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		AH IO: () OF STAI
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S 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 Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:	
The Cutting Hedge LLC (Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "	'L.C.,")
ARTICLE II - Address: The mailing address and street address of the pro-	rincipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
6270 107th Place South	6270 107th Place South	
Boynton Beach, FL 33437	Boynton Beach, FL 33437	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the answer Sheila Osgood	stered Agent. You must designate an individual	or another
Name		
6270 107th Place South		
Florida street add	dress (P.O. Box NOT acceptable)	
Boynton Beach	FL 33437	AHIO:
City, State,	and Zip	DESTATE OF STATE
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regions.	accept service of process for the abor this certificate, I hereby accept the ap ty. I further agree to comply with the erformance of my duties, and I am far	ve stated limited opointment as provisions of all miliar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Sheila Osgood 6270 107th Place South Boynton Beach, FL 33437 (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 that the facts stated herein are true.) Sheila D. Osgood Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)