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(Re	questor's Name)	_
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PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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\*\*125.00

DIVISION OF CORPORATIONS

2006 JUL 18 PM 12: 54

7-17-06



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOVI GEORGE 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:
Lori George (Name of Person)
(Name of Person)
Wri Otorge LLC
450 Justamere Rd
(Address)
geneva 11 32735
(City/State and Zip Code)
For further information concerning this matter, please call:
Lori George at 407 771 - 8162 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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:	
Lori George	LLC
Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
450 Justamere	450 Jostamere
geneva FI 32732	<u>geneva F1 32</u> 732
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	

450 Justamere Ra

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

City State and Zin

The name and the Florida street address of the registered agent are:

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

7-17-06

SECRETARY OF STATE OIVISION OF CERPORATIONS

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	lou george 450 Justamue geneva El 3073	Rc Z	1
······			
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·	,	or
REQUIRED SIGNATURE:  Signature of a member of a	an authorized representative of a member.	2006 JH 18 PM 19: 51	SECRETAR DIVISION OF C
of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)  Color printed name of signee	DK 19. 51.	Y OF STATE ORPORATIONS

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

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