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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
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SECRETARY OF STATE STORE OF CORPORATIONS

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Vortex	Enterprises, LLC	d Liability Company)	
	(Plante of Lunne	a Liaomiy Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matter	er to the following:	
Robert E.	Harris		
	(Name of Person)	
Vortex En	terprises, LLC		
	((Firm/Company)	
2000 Juli	ette Boulevard, L	och Leven	
		(Address)	
Mount Do	ora, Florida 3275	57	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Robert E. Harri	S	at (407) 247-36	70
(Name	of Person)	at (407) 247-36 (Area Code & Daytime T	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	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
Vortex Enterprises, LLC	
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2000 Juliette Boulevard, Loch Leven	Vortex Enterprises, LLC
Mount Dora, Florida 32757	2000 Juliette Boulevard, Loch Leven
	Mount Dora, Florida 32757
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Robert E. Harris	The party.
	Name Same

2000 Juliette Boulevard, Loch Leven

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

FL 32757 City, State, and Zip **Mount Dora**

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 designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in this certificate, I hereby accept the appointment designated in the appointment d 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..

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	
MGR	Robert E. Harris
	2000 Juliette Boulevard, Loch Leven
	Mount Dora, Florida 32757
(Use attachment if necessary)	
CLE V: Effective date. if other the	han the date of filing: 7-18-2006 (OPTIONAL
effective date is listed, the date r	must be specific and cannot be more than five business days
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
0	0.+511

Robert E. Harris

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)