L06000083641

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
	·	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(==	enrous minuty i turi	
	cument Number)	
(D0	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000078974650

08/23/06--01020--019 **160.00

OS AUG 23 PM 1: 36
SECRETARY OF STATE

mit

COVER LETTER

Division of Co				
SUBJECT: Florida	Architecture Ltd. Co.			
	(Name of Limite	d Liability Comp	any)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filin	g.	
Please return all corres	pondence concerning this matte	r to the following	3 :	
Mr. JP Lor				
	(Name of Person)		
Florida Arc	chitecture Ltd. Co.			
	(Firm/Company)		
11280	SE 80 Ave.			
		(Address)		
Newberry	, Florida 32669			
	(City	State and Zip Cod	e)	
For further information	concerning this matter, please	call:		
Mr. JP Lorie		at (352	472-497	
(Name	e of Person)	(Area Cod	e & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$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	Registrati Division Clifton E 2661 Exc	ourier Addression Section of Corporation Suilding secutive Center see. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Florida Architecture Ltd. Co.		
(Must end with the words "Limited Liability Company, "Lir	mited Company" or their abbreviation "LLC	2," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited I	iability Company is:
Principal Office Address:	Mailing Address:	
11280 SE 80 Ave	11280 SE 80 Ave	
Newberry, Florida 32669	Newberry, Florida 32669	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an indi	
Janet Lorie		
Nan	ne	
11290 SE 80 Ave.		
Florida street a	address (P.O. Box NOT acceptable)	
Newbe	rry, FL 32669	
City, State	e, and Zip	
Having been named as registered agent and the liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and completed accept the obligations of my position as reference.	n this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I a	the appointment as th the provisions of all am familiar with and
Janet	Their	
Registered Agent's Sign (CONTI Page 1 c	NUED)	FILED 06 AUG 23 PH 1: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managin	g Member
MGRM	Ma ID Lada
INICITIVI	Mr. J.P. Lorie
,	11290 SE 80 Ave. Newberry, FL 32669
	Newberry, FL 32009
	
(Use attachment if no	caccaru)
Use attachment if ne	cessary)
	•
LE V: Effective date,	if other than the date of filing: (OPTION
LE V: Effective date, fective date,	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business date
LE V: Effective date, fective date,	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business date
LE V: Effective date, fective date,	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business date
LE V: Effective date, fective date, days after the date o	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business daf filing.)
(Use attachment if ne LE V: Effective date, fective date is listed, days after the date of REQUIRED SIGNA	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business daf filing.)
LE V: Effective date, fective date, days after the date o	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business daf filing.)
LE V: Effective date, fective date, fective date is listed, days after the date o	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business daf filing.) TURE:
LE V: Effective date, fective date, fective date is listed, days after the date o	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business daf filing.)
LE V: Effective date, fective date is listed, days after the date o	if other than the date of filing:
LE V: Effective date, fective date is listed, days after the date of SEQUIRED SIGNATED.	if other than the date of filing:
LE V: Effective date, fective date is listed, days after the date of SEQUIRED SIGNATED.	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business date filing.) ATURE: Ture: Ture: The date of a member of an authorized representative of a member. The date of a member of an authorized representative of a member.

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)

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