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(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(City/State/Zip/Phone #)				
(Bi	usiness Entity Nan	ne)		
(De	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



11/01/06--01020--019 \*\*50.00



## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SVCS. LLC SUBJECT: (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:

Christie and Calarious Hale (Name of Person)

(Firm/Company)

328 South Cooper <u>Street</u> (Address)

Florida tate and Zip Code)

For further information concerning this matter, please call:

Calorious and Christie 1-1/1/e at (850) 627-7033 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee & Certificate of Status ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> 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:

(Must end with the words "Limited Liability Company," Limited Company" or their abbreviation "LLC," or

### **ARTICLE II - Address:**

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

**Principal Office Address: Mailing Address:** Sim Blud 600 Martin

**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:

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Calarious 1-1ale	OG HOV
Name	HT V
328 South Cooper Street	ARY ARY
Florida street address (P.O. Box NOT acceptable)	mo P m
Quincy, I-lorida FL 32351 City, State, and Zip	
City, State, and Zip	RICE 12

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

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

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

#### <u>Title:</u>

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

MGRM

ALARINUS

Hale

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing <u>Noumber</u>, <u>2006</u>. (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.)

**<u>REQUIRED</u> SIGNATURE:** 

Abs. office 1/A / c TARE ARY   Signature of a member or an authorized representative of a member. ARY OF   (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.)   ChRistie 1/A/e   Typed or printed name of signee	T I E D
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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)