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(Re	questor's Name)	
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COVER LETTER

	on Section of Corporations					٠		
SUBJECT:)RAGO'S			nents - CARP lity Company)	PEHTRY	44C	_	
The enclosed Artic	les of Organizat	tion and fee(s) ar	e submitte	d for filing.				
Please return all co	orrespondence co	oncerning this ma	itter to the	following:				
VE	JKO Joh	in DRAG						_
			(Name of	Person)				_
- "" · · · · · · · · · · · · · · · · · ·		······································	(Firm/Co	ompany)		TAL.	06	_
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			(Add	ress)		18SK	=	-
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To a Combination				nd Zip Code)		ORIDA	06	
For further informa	ation concerning	this matter, plea	se call:			,		
(Name of Person)		at ((Area Code & Daytime	Telephone	Number)		
Enclosed is a che	ck for the follo	owing amount:						
o \$125.00 Filing l		00 Filing Fee & ate of Status	Certi	55.00 Filing Fee & ified Copy is enclosed)	Certif Certi	0.00 Filing ficate of St fied Copy onal copy is	tatus &	
	% # - 111	4.3.3		64 4/63 : 4.11				

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:

Must end with the words "Limited Liability Company, "Limited Liability Company,"	
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9163 LECIGER LN TAII. FL. 32305	9163 LEBGER LA TALL FL. 32305
TA/1. FL. 32305	
	•
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the Registration of the Reg	ered Agent. You must designate an individual or another egistered agent are:
	10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
9163 Ledgen Lu	ress (P.O. Box <u>NOT</u> acceptable)
TAllahassec City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with the provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing Member	Name and Address:
MGRM	VELDRO John DRAGODEVIC 9163 LEDGER LA TAIL FL 32305
	OF NOVILLA
·	SEE FLORI
(Use attachment if necessary)	
	he date of filing: (OPTIONA set be specific and cannot be more than five business)
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.)

VELJKO JOHN DRAGOJEVIC

Typed or printed name of signee

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)