# L06000111583

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·
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# **COVER LETTER**

	istration Se sion of Co			
SUBJECT:	Southe	eastern Development	Services, LLC	
•		(Name of Limite	d Liability Company)	
The enclosed	Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return	all corresp	ondence concerning this matte	er to the following:	
		Rar	ndy Butler	
		(	Name of Person)	-
		Southeastern D	Development Service	s, LLC
		(	(Firm/Company)	196 N
		233 Ha	arvard Blvd	26 2
			(Address)	188E
			en, Florida 32444	TO A
		(City	/State and Zip Code)	ORIE
For further in	formation	concerning this matter, please	call:	7
	Randy	y Butler	at (850) 277-09	45
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	a check fo	or the following amount:		
✓ \$125.00 Fi	ling Fee	S130.00 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	ns · Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited
Southeastern D

name of the Limited Liability Company is:

Southeastern Development Services, 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:
233 Harvard Blvd	233 Harvard Blvd
Lynn Haven Florida 32444	Lynn Haven Florida 32444

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:

	Raymond W. Greer
	Name
	2910 Kerry Forest Parkway D4-126
•	Florida street address (P.O. Box NOT acceptable)
	Tallahassee, FL 32309
	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

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

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

" (CD " ) (	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	40.00
WORM Managing Member	F. 5
MGRM	Randy Butler
	233 Harvard Blvd
	Lynn Haven Florida 32444
MGRM	Randy Butler 233 Harvard Blvd Lynn Haven Florida 32444  Raymond W. Greer 2910 Kerry Forest Parkway D4-126
	2910 Kerry Forest Parkway D4-126
	Tallahassee, Florida 32309
(Has attachment if necessary)	<del> </del>
(Use attachment if necessary)	
	e date of filing: (OPTIONAI)
CLE V: Effective date, if other than the	
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CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	pe specific and cannot be more than five business days proper or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document const	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes 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)