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 $r_{2}$ **COVER LETTE** TO: **Registration Section** Division of Corporations 网络无法的 化铅 法不 1. 1 SUBJECT: rsma (Name of Limited Liability Company) in alternation Indian y Computy is The enclosed Articles of Organization and fee(s) are submitted for filing. : • Please return all correspondence concerning this matter to the following: cru etrovic (Name of Person) ( ..... ut if all the J;, Iman (Firm/Company) tree (Address) A Logi Man (City/State and Zip Code) and the second states and the second s and the state of the st For further information concerning this matter, please call: ۱ ص د erec (Area Code & Daytime Telephone Number) (Name of Person) Hor ÷ 1 - いい 49.19.19 ちゃ とんり Enclosed is a check for the following amount: WELL THEME YEAR 🖾 \$125.00 Filing Fee 🔄 \$130.00 Filing Fee & 🛄 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & matter off whether a ladditional copy is enclosed) and Certified Copy that it is design of the contraction of the the by (additional copy is enclosed) in a survey la thin an ange I farte in agree in completional . Mailing Address detanigh to the Street/Courier Address and the atthe enter Registration Section turn as weaks. Registration Section and a for and enter and a. . 6. Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Remeiners and the second second second (CERTICAL OF) .

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

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06 NOV 27 PH 4:4

(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:** 

32930

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:

Marion )tree' Florida street address (P.O. Box NOT acceptable) oor UchFL ndian 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:

Title:

## Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGR

Jan O eac 3293

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:  $\frac{N_{OV}/20/06}{0}$ . (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.)

### **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.)

Petrovich ever

Typed or printed name of signee

06 NOV 27 PH 4: 48

**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)