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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of C		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles	of Organization and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
_Dor	nnie Fountain (Name of Person)	
**	Fountain Danting	
253	W9th St (Address)	
pana	ma City Dbrida, 32401 (City/State and Zip Code)	
For further information	n concerning this matter, please call:	
Donnie	Fountain at (\$50).381/302/850381.139 ne of Person) (Area Code & Daytime Telephone Number)	₹ <i>O</i>
Enclosed is a check	for the following amount:	
□ \$125.00 Filing Fee	e \$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sq}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sq}	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 ARTICLE II - Address:	d Company" or deir abbreviation "LLC," or "L.C.,")
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2538 West 9th St Panama City Florida 324D1	2538 W9th 57 Parama City Florida 3040)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Teresa Esq. Name	Mivel HASSE
2538 West944 Florida street add	S+  Iress (P.O. Box NOT acceptable)  F. F. STATE  C. F. STATE  F.
Danama Cil	LEI 33UNI

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Manager and address of each Manager	aging Member(s): per or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Donnie Fountain 2538 waterst Danama City, 714, 32401
mGR	Teresa Esquirel 25.33 N 94054 Danama City, FIA. 32401
<del></del>	
(Use attachment if necessary)	
	date of filing: (OPTIONAL)  be specific and cannot be more than five business day
REQUIRED SIGNATURE:  Signature of a memoe	r or an authorized representative of a member.
of this document constitute that the facts stated h	etion 608.408(3), Florida Statutes, the execution situtes an affirmation under the penalties of perjury erein are true.)  Lough Loug
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ	nization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)