Page 1 Page 1 of 1

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000025206 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AMERICAN ACCOUNTING SERVICE, INC.

Account Number : 104737003316 Phone : (941)747-9292

: (941)748-7626

## GORIDA/FOREIGN LIMITED LIABILITY CO.

La Delivrance, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/29/2007

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FD	ORMA LIMITED LIABILITY COMPANI
ARTICLE I - Name: The name of the Limited Liability Company is:	·
La Delivrance, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4020 9th St E	4020 9th St'E
Bradenton FL 34208	Bradenton FL 34208
the state of the s	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist 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
Jean C Bien-Aime	
Name	
4020 9th St E	<u> </u>
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Bradenton FL 34208	FL
City, State, a	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..

(CONTINUED)

Page 1 of 2

HOT 0000 252063

Sent	By:	American	Accounting	Service:
------	-----	----------	------------	----------

941-748 7626;

Jan-30-07 3:24PM;

Page 3/3

		' = Manager И" = Managir	g Meml	ber						
	MGR					lien-Aime				_
					4020 9th S	n FL 34208	<u> </u>			_
					Diadeillo	11 L 34206				
					, <del></del> _		<del></del>			
	:				· <del></del>	· <del>· · · · · ·</del>		<del>;;</del>		- 9
	<u></u>	<u>:</u>								JAN 30
,				,	-		<del></del>			3
	····		;						-	- 引
,.	100 cg .	1	. 7	1	. :	V, , ,		1	<del></del>	
	(Use att	achment if ne	cessary)	) 		,		,		<del></del> `.
ſΙC	CLE V: 1	Effective date,	if other	than the da		:			( <b>OP</b> T)	IONAL)
n e	ffective (	date is listed, i ter the date o	the date	must be sp	pecific and	cannot b	e more	than fiv	e busines	s days pr

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

Page 2 of 2

HO70000 252063

that the facts stated herein are true.)