

(Re	questor's Name)	·
(Add	dress)	····
(Add	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



500092287145

03/19/07--01011--009 **125.00

OT MAR 19 AM 10: 45
SECHETARY OF STATE
SECHETARY OF STATE

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF STATE OF CORPORATIONS
2007 MAR 19 AN IO: 35

COVER LETTER

TO: Registration Se			·
SUBJECT:	Donna Ausley	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Jonna R. Austo	(1)	
	Donna R. Husle	Name of Person) (Prim/Company)	
2775	Cathedral De	. #339	
		(Address)	
Talla	hassee, FL 32	2310 //State and Zip Code)	
	, (City	//State and Zip Code)	
For further information	concerning this matter, please	call:	
Jonna L.	Aus ley	at (<u>\$50</u>) <u>508-7</u> (Area Code & Daytime	7326
(, vaine	or coson,	(Alica Code & Daytille	reteptione (vulnoer)
Enclosed is a check for	or the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$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 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:	
Nonna Ausley, 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 Li	ability Company is:
Principal Office Address: Mailing Address:	
2775 Catheral Dr. #339 Tall FL 32310 2775 Cathedral D	r #339. Tall . PL32310
2711) Currence pro-	<u></u>
	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indiv business entity with an active Florida registration.)	s Signature: idual or another
The name and the Florida street address of the registered agent are:	0 TAL
Nonna R. Kfusley	07 MAR
Name .	ASS
2015 Calludral Dr., #339 Florida street address (P.O. Box NOT acceptable)	m –<
Tallahassee FL 32310	MHIO: 45 OF STATE E. FLORID
City, State, and Zip	10A 5
Having hear named as receiptoned agent and to accept garning of presence for the	a ahove stated limited

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)

<u> Title:</u>	Name and Address:
MGR" = Manager	
"MGRM" = Managing Member	
	$1 \sim 1$
MGRM	Nonna K. Husley
	2775 (Allodra Dr. #339
	TOIL FL 32310
	, , , , , , , , , , , , , , , , , , ,
Use attachment if necessary)	
EV: Effective date, if other than the fective date is listed, the date mu	st be specific and cannot be more than five b
LE V: Effective date, if other than the fective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five b
ffective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five by
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	ber or an guthorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be so of filing.) REQUIRED SIGNATURE: Signature of a member of this document constraints.	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
TEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document construction.	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
The view of the date of the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document contract the facts stated worns.	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document contract that the facts stated	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
TEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document contract that the facts stated worms. Filing Fees:	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
EV: Effective date, if other than the fective date is listed, the date must be so after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document contract the facts stated worns.	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.) yped or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must be resulted and so filling.) REQUIRED SIGNATURE: Signature of a member of this document contract the facts stated and the facts stated filling. Filling Fees: \$125.00 Filling Fee for Articles of Org	ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.) yped or printed name of signee anization and Designation