

LD7000030910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

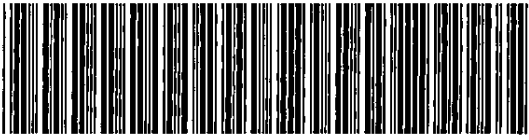
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*(Handwritten signature)*  
*3/22*

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SMITH & STONESTREET, P.A.**  
**ATTORNEYS AT LAW\***

150 S. Hwy 17-92, Suite 2  
DeBary, Florida 32713

Mailing Address:

P.O. Box 530144

DeBary, Florida 32753-0144

(386) 668-4451

Fax (386) 668-1938

Daphne Stonestreet

March 15, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


Re: Liquid Marketing Concepts, LLC

Dear Sir/Madam:

Enclosed please find Articles Of Organization for filing regarding the above referenced LLC. A check made payable to Department of State in the amount of \$125.00 is enclosed to cover your fee along with a stamped, self-addressed envelope for return mailing.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

  
Daphne Stonestreet

DS/dm  
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Liquid Marketing Concepts, 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:**

1740 HURON TRAIL

1740 HURON TRAIL

MAITLAND, FLORIDA 32751

MAITLAND, FLORIDA 32751

**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:

Daphne Stonestreet-Cukier

Name

150 S. Highway 17-92, Suite 2

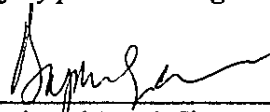
Florida street address (P.O. Box **NOT** acceptable)

DeBary, Florida 32713

FL

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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carlos E. Cukier

1740 HURON TRAIL

Maitland, Florida 32751

MGRM

Raymond r. Mealey

2116 S. Ferncreek Avenue

Orlando, Florida 32806

\_\_\_\_\_  
\_\_\_\_\_  
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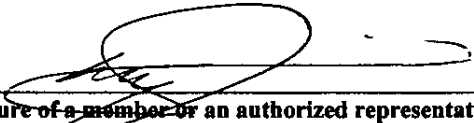
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Carlos E. Cukier

Typed or printed name of signee

**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)

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