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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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## RUSH, MARSHALL, JONES AND KELLY, P.A.

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
CHARLES R. GEORGE, III (1950-2005)
DAVID B. JONES
ROGER A. KELLY
JAMES C. HINCKLEY
ROBERT S. HOOFMAN
LESLIE S. WHITE
ROBERT J. WATSON, JR.
RACHAEL M. CREWS

MAGNOLIA PLACE 109 EAST CHURCH STREET, 51H FLOOR POST OFFICE BOX 3146 ORLANDO, FLORIDA 32802-3146

407-425-5500 Facsimile 407-423-0554 E-mail jhinckley@rushmarshall.com

March 19, 2007

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Deana Costner, LLC

Dear Sirs:

I enclose Articles of Organization for this LLC and a check for \$155.00

Please file and send me a certified copy.

Very truly yours,

James C. Hinckley

JCH/wpf Encl.

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

ARTICLE I - N The name of the	Limited Liability	Company is:
Deana Costner, I	LLC	
(Must end with the wo	ords "Limited Liability C	ompany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A	Address:	
The mailing addi	ress and street add	ress of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
41`37 Summerwood	i Avenue	
Orlando, FL 32812		77
		——————————————————————————————————————
(The Limited Liability business entity with a	Company cannot serve an active Florida registra	Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.)  dress of the registered agent are:
	Deana Costner	
	<del></del>	Name
	4137 Summen	vood Avenue
	F	orida street address (P.O. Box NOT acceptable)
	Orlando	FL 32812
		City, State, and Zip
		agent and to accept service of process for the above stated limited esignated in this certificate, I hereby accept the appointment as

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

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Deana Costner 4137 Summerwood Avenue Orlando, FL 32812
(Use attachment if necessary)	
TICLE V: Effective date, if other than t an effective date is listed, the date must r 90 days after the date of filing.)	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	and Martine

(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.)

Deana Costner

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)