

LO7000034087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

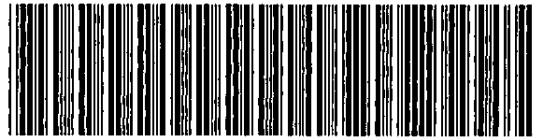
(Document Number)

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

Special Instructions to Filing Officer:

W07-11218

Office Use Only



500090055675

03/05/07--01034--006 \*\*160.00

07 MAR 29 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DB

March 1, 2007

To Whom It May Concern:

Enclosed are the articles of organization for Florida Limited Liability Company! I would like for this to be sent back to be overnight. If there are any problems, you may call me at the listed number below!

Thank you,



Mary R. Adams  
8695 Black Mesa Dr  
Orlando, FL 32829  
407.697.7580

FILED  
07 MAR 29 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2007

MARY R. ADAMS  
8695 BLACK MESA DR  
ORLANDO, FL 32829

SUBJECT: CECIL INVESTMENTS, LLC  
Ref. Number: W07000011218

We have received your document for CECIL INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 707A0001591

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07 MAR 29 AM 11:23

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Cecil Investments, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8695 Black Mesa Dr Orlando, FL 32829

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mary R. Adams  
Name  
8695 Black Mesa Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando FL 32829  
City, State, and Zip

FILED  
07 MAR 29 AM 11:23  
SECRETARY OF STATE  
ALLAHASSEE FLORIDA

*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.*

Mary R. Adams  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Mary R. Adams  
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.)

Mary R. Adams  
Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)