

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940 Fax Number : (516) 935-3088

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tracy Harper Enterprises, LLC

Certificate of Status	i i
Certified Copy	0
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Estimated Charge	\$130.00

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3/30/2007

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## ARTICLES OF ORGANIZATION FOR

## FLORIDA LIMITED LIABILITY COMPANY

ARTICI	EI	- 1	Name
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The name of the Limited Liability Company is: Tracy Harper Enterprises, LLC

ARTICLE II - Address

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

Principal Office Address:		Mailing Address:	
1572 SE High Falls Road		1572 SE High Falls Road	
Lake City, FL 32025		Lake City, FL 32025	
ARTICLE III - Registered The name and Florida street addr		fice & Registered Agent's Signat	<b>** **</b>
	Kathy Harper	•	FIL MAR 30 ECREJAN
		Name	FILE R 30 A HASSE
•	1572 SE High	Falls Road	
	(P.O. Box o	r Mail Drop Box NOT Acceptable)	<u>6</u>
	Lake City, FL	32025	) RB <b>28</b>

Having been named as registered agent and to accept service of process for the above stated limited liability company it the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this apacity. 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 Thapter 608, F.S.

Registered Agent's Signature - Kathy Harper

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	Manager(s) or Managing Member(s): ess of each Manager or Managing Member is as follows:	10700000002
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ing Member	
MGRM	Tracy Harper- 1572 SE High Falls Road, Lake City, FL 32025	· · · · · · · · · · · · · · · · · · ·
(Use attachment if n		<u> </u>
	Signature of a member or authorized representative of a member.	3.1
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	
	Tracy Harper	
	Typed or printed name of signee	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.