607000041787

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ (Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000097134880

04/18/07--01043--005 **125.00

2001 APR 18 D 12: 4, SECRETARY OF STATE TALLAHASSEE, FLORID,

AL

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: FL 1234 LLC			
(Name of Limited Liability Company)		-	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	e following:		
Cammie Warburton			
(Name of Person)	.,		
Cammie Warburton	TAL	200	
(Firm/Company)	A		
2248 Meridian Boulevard, Suite H	HASSI	2001 APR 1.8	
(Address)	- E.O.	,	T
Minden, Nevada 89423	FLOR	P 12: 45	
(City/State and Zip Code)	UA DA	15	
For further information concerning this matter, please call:	<u></u>		
<u>Cammie Warburton</u> at (775) 284-7162			
(Name of Person) (Area Code & Daytime Tel	lephone Number)	-	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
FL 1234 LLC				
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
60 East Simpson Avenue	Post Office Box 2869			
Jackson, Wyoming 83001	Jackson, Wyoming 830017			
ARTICLE III - Registered Agent, Regist The name and the Florida street address of Gerri Detweiler	ered Office, & Registered Agent's Signature:			
	lame			
1037 Greystone Lane Florida street addres	s (P.O. Box NOT acceptable)			
Sarasota	FLORIDA 34232			
City, S	tate, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Wobbins Investments LLC
	Post Office Box 2869
	Jackson, Wyoming 83001
	· · · · · · · · · · · · · · · · · · ·
	TALL SEC
	ORETI
(Use attachment if necessary)	SSEE, FE
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury

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)

CAMMIE WARBURTON, ORGANIZER
Typed or printed name of signce