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COVER LETTER

Division of Corporations	3		
SUBJECT: The S	Pecialists (Name of Limited	Liability Company)	
The enclosed Articles of Organiza	ation and fee(s) are su	abmitted for filing.	
Please return all correspondence of	concerning this matte	r to the following:	
Darlene W	l. Evans a	Joanne V	n. Robson
Keller '	Williams,	Town & Coun-	try Realty
1520 Kil	learn Ce	enter Blvd, =	+
Tallahassee FL 32309 (City/State and Zip Code)			
For further information concerning	g this matter, please	call:	
Joani Rob So (Name of Person)	<u>~</u>	at (850) 76 [- (Area Code & Daytime To	elephone Number)
Enclosed is a check for the following	lowing amount:		`
S125.00 Filing Fee S13 Certifi	0.00 Filing Fee & cate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address ration Section	Street/Courier Addres Registration Section	. 07.1 TALL/

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
The Specialists, 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:			
1520 Killearn Center Blvd Same Tallahassee, FL 32309			
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:			
or: 55 Keller Williams Town & Country Kealty			
Woodruft 1520 Killearn Center Blvd Florida street address (P.O. Box NOT acceptable)			
Tallahassee FL 32309 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			
C C C C C C C C C C C C C C C C C C C			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrm_	Darlene W. Evans 740 Tallavana Trail Havana FL 32322
MGRM	Joans M. Robson 4052 Brandon Will Dr. Tallahassee, Fl. 32309.
(Use attachment if necessary)	1/4/2
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 4260. (OPTIONAL) ecific and cannot/be more than five business days prior
REQUIRED SIGNATURE:	1
Signature of a member or	Evans Journe M. Robson of an authorized representative of a member.
of this document constitute	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Darlene W. E Typed	or printed name of signee TOANNE M. ROBSON DESCRIPTION OF THE PROPERTY OF TH
Filing Fees:	or printed name of signee O7 APR 21 Action and Designation
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	ation and Designation
\$ 30.00 Certified Copy (Optional)	The R in
\$ 5.00 Certificate of Status (Optional)	

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