

LO7 0000 47602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LO7-47602  
of

April 29, 2007

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

Re: Shirl Latkovic, LLC

Dear Madam/Sir:

The enclosed Articles of Organization are submitted for filing. Also enclosed is a check in the amount of \$130.00 for the filing fee and Certificate of Status. Please return all correspondence concerning this matter to the following:

Donald D. Latkovic  
5827 Sunset Falls Dr.  
Apollo Beach, FL 33572

For further information concerning this matter, please call:  
Donald D. Latkovic at (813) 523-2521.

I appreciate your assistance in this matter.

Sincerely,



Donald D. Latkovic

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

**Article I – Name:** Shirl Latkovic, LLC.

**Article II – Address:**

**Principal Office Address:**  
5827 Sunset Falls Dr.  
Apollo Beach, FL. 33572

**Mailing Address:**  
5827 Sunset Falls Dr.  
Apollo Beach, FL. 33572

**Article III – Registered Agent:**

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

Donald D. Latkovic  
Name

5827 Sunset Falls Dr.  
Florida street address

Apollo Beach, FL. 33572  
City, State and Zip Code

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

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TALLAHASSEE, FLORIDA

**Article IV – Management:**

**Title:**  
Manager

**Name and Address:**  
Shirl Latkovic  
5827 Sunset Falls Dr.  
Apollo Beach, FL. 33572

**Article V – Effective date, if other than the date of filing:** \_\_\_\_\_  
(Optional)

**Signature:** \_\_\_\_\_



(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Shirl Latkovic

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