## 000053005

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## **COVER LETTER**

Division of Co			
<sub>SUBJECT:</sub> Expans	ion Mansions		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Chris R. Ko	oury		
<del></del>	C	Name of Person)	
		Firm/Company)	
34916 Fair	view Heights Rd		
		(Address)	
Zephyrhills	s, Florida 33541		
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Chris R. Koury		at ( 813 ) 782-934	6
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLESOF	ORGANIZATION F	OR FLORIDA LIMITED LA	ABILITY COMPANY
ARTICLE I - I	Name: Limited Liability Com	pany is:	
Expansion Man			
(Must end with the w	ords "Limited Liability Compa	ny, "Limited Company" or their abbreviation	1 "LLC," or "L.C.,")
ARTICLE II - The mailing add		of the principal office of the Limi	ted Liability Company is:
Principal Office Address:		Mailing Address:	
34916 Fairview Hei	ights Rd	34916 Fairview Heights Rd	
Zephyrhills, FL 335		Zephyrhills, FL 33541	
	Chris R. Koury	of the registered agent are:	
		Name	
	34916 Fairview Hei	ghts Rd	
	Florida	street address (P.O. Box NOT acceptab	le)
	Zephyrhills,	FL 33541	
	Cit	y, State, and Zip	
liability com registered agen statutes relati	ppany at the place design tt and agree to act in this ng to the proper and con	t and to accept service of process for tated in this certificate, I hereby acc capacity. I further agree to compl aplete performance of my duties, and the as registered agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and
	Registered Agen	R Kowy t's Signature (REQUIRED)	200 TA

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

W (CD) 14		Name and Address:	
"MGR" = Mar			
MOKIM - M	anaging Member		
MGR		Chris R. Koury	
		34916 Fairview Heights Rd	_
		Zephyrhills, FL 33541	-
MGRM		Victoria A. Brittain	
	· , • · · · · ·	34916 Fairview Heights Rd	-
		Zephyrhills, FL 33541	-
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	<del></del>		-
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			<b>.</b>
(Use attachme	nt if necessary)		-
(Use attachmen	nt if necessary)		-
		data of Clima.	
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CLE V: Effective	e date, if other than the listed, the date must be	date of filing: (OPTIC	ONAL) days p
CLE V: Effective	e date, if other than the listed, the date must be	e date of filing: (OPTIC e specific and cannot be more than five business	DNAL) days p
CLE V: Effective	e date, if other than the listed, the date must be	date of filing: (OPTIC e specific and cannot be more than five business	NAL) days p
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CLE V: Effective effective date is 00 days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document const	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	ONAL) days p
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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