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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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, (Danumant Number)				
(Document Number)				
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Certified Copies Certificates of Status				
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations			
SUBJECT: TER	RELL HENRY ENTER			
	(Name of Limit	ed Liability Company)		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this matt	er to the following:		
TERREL	L G. HENRY			
	•	(Name of Person)		
TERREL	L HENRY ENTERPRI	SES, LLC		
		(Firm/Company)		
4936 SATIN DRIVE				
		(Address)		
BASCO	M, FL 32423			
	(City	/State and Zip Code)		
For further informat	ion concerning this matter, please	call:	2001 JI SECR	
TERRELL G. I	HENRY	at (850 ) 569-108	4	
(N	ame of Person)	(Area Code & Daytime T	clephone Number)	
Enclosed is a chec	k for the following amount:		clephone Number)	
<b>S</b> 125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Continued 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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	Name: Limited Liability Cor	mpany is:	
TERRELL HEN	RY ENTERPRISES, LI	LC	
(Must end with the w	ords "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II -	Address:		
The mailing add	lress and street address	s of the principal office of the Limited Li	ability Company is:
Principal Offic	e Address:	Mailing Address:	
4936 SATIN DRIVE	Ē	4936 SATIN DRIVE	
BASCOM, FL 3242	3	BASCOM, FL 32423	
**			<del></del>
(The Limited Liability		egistered Office, & Registered Agent's s own Registered Agent. You must designate an indivi-	idual or another
The name and th	ne Florida street addres	ss of the registered agent are:	2007 TALL
	TERRELL G. HENF	RY	ZOOT JUN -6 SECRETARY TALLAHA SEE
		ASSESSED IN	
	4936 SATIN DRIV	Æ	
Florida street address (P.O. Box NOT acceptable)		AFIL: 13	
	BASCOM	<sub>FL</sub> 32423	
	City, State, and Zip		
		nt and to accept service of process for the	

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 (REQUIPED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	TERRELL G. HENRY
	4936 SATIN DRIVE
	BASCOM, FL 32423
	0. (0.00m; 1 & 0.12.0
<u> </u>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
1	ABAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Jener	
Signature of a me	mber or an authorized representative of a member.
(In accordance with	h section 608.408(3), Florida Statutes, the execution
	onstitutes an affirmation under the penalties of perjury

Filing Fees:

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

TERRELL G. HENRY

that the facts stated herein are true.)

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

Typed or printed name of signee