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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limited	AINS LLC Liability Company)	
The enclosed Articles of Or	- ,,	_	
Please return all correspond	_	-	
KOGE	R DWYER O	Name of Person)	
DUBLIN	DOMAINS	Firm/Company)	<u></u>
35711 1	WASHINGTO	N LOOP RD	LOTASS
	GORDA F		AST 28 1000
For further information con-			AH IO: 33 OF STATE
ROGER T		at ( 239) 282- (Area Code & Daytime Te	- \ 5 9 G lephone Number)
Enclosed is a check for the	ne following amount:		
	\$130.00 Filing Fee & dertificate 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)
F E	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

<del>.</del> ,")
Company is:
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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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR 5711 WASHINGTON LOOP RD LOT 185 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) OGER DWYER Typed or printed name of signee

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)