

LO7000073684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

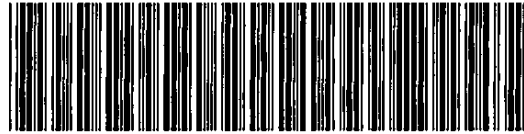
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO7-73684
OK

7-9-07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Processing Buddy, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iris R. Garcia
(Name of Person)

(Firm/Company)

4800 N Rivershore Dr.
(Address)

Tampa FL 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

IRIS R. GARCIA at (813) 601-0707
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Iris R. Garcia
4800 N. Rivershore Dr.
Tampa FL 33603

MGRM

Anthony Serrano
4800 N. Rivershore Dr.
Tampa FL 33603

MGRM

Shane K. Penrod
915 Terra Mar Dr.
Tampa, FL 33613

MGRM

Dane C. Collins, Jr.
4021 Muriel Place
Tampa, FL 33614

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-9-2007 (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:

I. Garcia

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.)

Iris R. Garcia

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)