# L07000109827

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATIONS
ON OCT 29 PM 2:51

# **COVER LETTER**

_	ion Section of Corporations		
SUBJECT:	Optimize It! Org	ganize It!. LLC	
SOBJECT.		Liability Company)	
The enclosed Artic	les of Organization and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
		e E. Eames	
	·	ame of Person)	
		Organize It!, LLC	
	(F	irm/Company)	
	4735 N	W 4th Street	O NIS
		(Address)	T OC
	Plantation	, Florida 33317	72
<del></del>		State and Zip Code)	9 P
For further informa	tion concerning this matter, please c	all:	OT OCT 29 PM 2:51
Simo	ne E. Eames	313-01 313-01	95
1)	Name of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & V 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 C Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Optimize It! Organize It!, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address: Principal Office Address:** 4735 NW 4th Street 4735 NW 4th Street Plantation, Florida 33317 Plantation, Florida 33317 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Simone E. Eames 4735 NW 4th Street Florida street address (P.O. Box NOT acceptable)

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.

Plantation, Florida 33317
City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

Simone E. Eames  4735 NW 4th Street Plantation, Florida 33317  29  27  28  29  27  28  29  29  20  20  20  20  20  20  20  20
4735 NW 4th Street
29 PM 2:51
te of filing:10/26/2007 . (OPTIONAL) pecific and cannot be more than five business days prior
E. Cames  r 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.)

Simone E. Eames
Typed or printed name of signee

### 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)