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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
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DEPARTMENT OF STATE

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TO ACKNOWLEDGE

SUFFICIENCY OF PIGE

JB

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Jessica Fr (Name of Limit	ench, LLC ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Jessica Fre	nch	·
		(Name of Person)	,
			SECTION IN
		(Firm/Company)	Tim Y
	1584 Silverla	(Address) Le FL 32310 y/State and Zip Code)	SSEE P
,		(Address)	F. C. 2:
•	tallahasse	e A. 37310	06 081
	, (Cit	y/State and Zip Code)	
	•		
For further information	concerning this matter, please	call:	,
Jessica F	rench e of Person)	at (<u>850</u>) <u>591 - Q</u> (Area Code & Daytime Tele	8859 ephone 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 C	3

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
Principal Office Address: Mailing Address:
1584 Silverlake Rd Same Silverlake Rd Same Silverlake Rd Same
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 amather business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jessica French Name
1584 Silver lake Rd Florida street address (P.O. Box NOT acceptable)
Tallahussee FL 32310 City, State, and Zip
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 (REOUIRED)

(CONTINUED)

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 MGRM Iessica French 1594 Silver(ake Rel Tallahassee, FL 32310 Michael Johnson 1869, Baby Farm Rel Tallahassee, FL 32310 ARTICLE IV- Managing Member is as follows:

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days

(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.)

Typed or printed name of signee

. (OPTIONAL)

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)