## 10700112118

(Re	equestor's Name)	
(Ac	ldress)	
	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use Onl	iv



2

11/02/07--01012--028 \*\*160.00

FILED 2007 NOV -2 PN 12: 02 SECRETARY OF STATE TALLAHASSEE, FLORID.

## **Pellingham Casper Communications, LLC.**

How-To Publications That Make A Difference — When You Have a Problem, We Have the Solution®

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Pellingham Casper Communications, LLC

Dear Sir/Madam:

We are submitting the enclosed Articles of Organization and fee(s) for filing. Should you have any questions regarding this matter, please direct all correspondence to:

Paula E. Langguth Pellingham Casper Communications 6 Rosa L Jones Blvd., Cocoa, FL 32922 321-735-0983

Enclosed is a check in the amount of \$160.00 for the Filing Fee, Certified Copy and Certificate of Status.

Thank you for your assistance in this matter.

Cordially,

Paula E. Langguth Managing Partner

## ARTICLES OF ORGANIZATION FOR PELLINGHAM CASPER COMMUNICATIONS, LLC

ARTICLE I: The name of the Limited Liability Company is: Pellingham Casper Communications, LLC

ARTICLE II:	The mailing address and street address of the principal office of the Limited Liability Company is: 6 Rosa L Jones Blvd; Cocoa, FL 32922
ARTICLE III:	The name and the Florida street address of the registered agent are: Paula E. Langguth; 6 Rosa L Jones Blvd.; Cocoa, FL 32922

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)

**ARTICLE IV:** 

The name and address of each Manager or Managing Member is as follows: MGR: Paula E. Langguth, 6 Rosa L Jones Blvd., Cocoa, FL 32922

**REOUIRED 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.)

Paula E. Langguth

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)

