# W7000114871

(Requestor's Name)	
(Address)	
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<b>(</b> ,	
(City/State/Zip/Phone #	<u> </u>
(City/State/Zip/Phone #	)
PICK-UP WAIT	MAIL
(Business Entity Name)	)
(Document Number)	
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SECRETARY OF STATE

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# **COVER LETTER**

TO: Registration Se Division of Co			
HNDE	OWOOD'S BOOKKEE	EDING and BILLING LLC	
SUBJECT: UNDER		EPING and BILLING, LLC deliability Company)	
	f Organization and fee(s) are s	•	
Please return all corresp	ondence concerning this matte	er to the following:	
Linda B. Uı			
	(	Name of Person)	
UNDERWO	<del></del>	ING and BILLING, LLC	
	(	(Firm/Company)	
4332 Daze	et Ct		
ŕ		(Address)	
Jacksonvi	lle, FL 32210		
	(City	/State and Zip Code)	FALL
For further information	concerning this matter, please	call:	AEEE SEE
Linda B. Underwe	ood	at ( 904 ) 524-8605	SERVE
	of Person)	(Area Code & Daytime Telephone Number)	- FE S
Enclosed is a check for	or the following amount:	•	HIDA
	\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Fil	ing Fee
	Certificate of Status	Certified Copy Certificate of S	Status &
		(additional copy is enclosed) Certified Copy (additional copy is	
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
		Tallahassee, FL 32301	

07 NOV 13 AH 7: 54

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
UNDERWOOD'S BOOKKEEPING and	BILLING, LLC	
(Must end with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Li	ability Company is:
Dringing Office Address	Mailing Adduses	
Principal Office Address:	Mailing Address:	
133.2 Dazet Ct	4532 Dazet Ct	·
Jacksonville, FL 32210	Jacksonville, FL 32210	
ARTICLE III - Registered Agent, Re	vistered Office. & Revistered Avent's	s Sionature
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an indivi	idual or agother
business entity with an active Florida registration.)		
The name and the Florida street address	s of the registered agent are:	FILED 17 NOV 13 AH 7:51 SECREJARY OF STATE ALLAHASSEE FLORIDA
Linda B. Underwood		影響に
<u> </u>	Name	FILED 13 AM SSEE, FL
lian = 0 01		ST 7:
4332 Dazet Ct	street address (P.O. Box NOT acceptable)	DA SI
	<u> </u>	_
Jacksonville, FL 3221		
Cit	ty, State, and Zip	
	t and to accept service of process for the	
	nated in this certificate, I hereby accept th	
	capacity. I further agree to comply with	
	nplete performance of my duties, and I an n as registered agent as provided for in C	
accept the conganous of thy position	· wo · ogioror ou agoin ao provinca jor in o	mopour oud, x ibii

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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:	
MGR	Linda B. Underwood  #332Dazet Ct Jacksonville, FL 32210	
		07 NOV 13 SECRETARY ALL AHASSE
(Use attachment if necessary)		13 AM 7:
RTICLE V: Effective date, if other than the fan effective date is listed, the date must to or 90 days after the date of filing.)		(OPTIONAL) five business days prior
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.)

Linda B. Underwood

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)