

L07000118149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

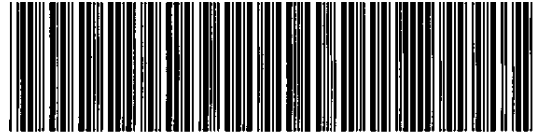
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400108426604

FILED

07 NOV 27 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 NOV 27 AM 11:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK 11/27

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662, TALLAHASSEE, FL 32302  
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301  
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

---

**FILED**  
07 NOV 27 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DATE: 11/27/2007**

**NAME: AURA P. BACALIS, LLC**

**TYPE OF FILING: ARTICLES OF ORGANIZATION**

**COST: \$125**

**RETURN:**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: PAUL / ABBIE HODGE**

---



FILED  
07 NOV 27 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Laura P. Bacalis, 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:

**Principal Office Address:**

10181 Vineyard Lake Rd. E.  
Jacksonville, FL 32256

**Mailing Address:**

10181 Vineyard Lake Rd. E.  
Jacksonville, FL 32256

**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:

Laura P. Bacalis

Name

10181 Vineyard Lake Rd. E.

Florida street address (P.O. Box NOT acceptable)

Jacksonville

FL 32256

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..*

Laura P. Bacalis

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM \_\_\_\_\_

Laura P. Bacalis

10181 Vineyard Lake Rd. E.

Jacksonville, FL 32256

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

*Laura P. Bacalis*

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.)

Laura P. Bacalis

Typed or printed name of signer

**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)