1070M22778

(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:			





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12/10/07--01020--008 **130.00

SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Sandra (Name of Limite	or() LC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Sandra E.	Name of Person)	
	((Firm/Company)	
	3000 Consain	Address) FL 32507-8700 //State and Zip Code)	
		(Address)	
	Pensaco la	, FL 32507-8100	<u> </u>
	(City	/State and Zip Code)	
	concerning this matter, please		5 O
<u>Sandra H</u> (Name	c of Person)	at (<u>\$57)</u> <u>291</u> (Area Code & Daytime Te	7 DEC 10 PH 12: SECHULARY OF STA LLAH SSEE FLORI
Enclosed is a check for	or the following amount:		PHI OF S
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Signature of Status & 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 Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

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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 Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3 DTO CORSAIR Drive Persacola, FL (2007-8100	2 NO CONSAIR Drive Pensacola, Fl 32507-8100
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Sandra E.	Coris i
GOOD CORSAI	O7
——————————————————————————————————————	FL 33517-810) PS E
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Bootstand Assault's Simula	TEO (REQUIRED)
Registered Agent's Signatu	ire (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
	Sandra E. Consi 3000 Corsair Drive Densacula, FL 32507-8100
	O7 DEC 10 SECRETARI FALLAHASSE
(Use attachment if necessary)	PH 12: 1
TICLE V: Effective date, if other an effective date is listed, the date or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
(In accordanc of this docum that the fact	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.)
	Sandra E. Cores i 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)