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





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12/26/07--01039--013 **160.00

COVER LETTER

Division of Corporations
SUBJECT: PHANEL INTERNET & BUSINESS SERVICES LLC.
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PHANEL PETIT
(Name of Person)
PHANEL INTERNET & BUSINESS SERVICES LLC.
(Firm/Company)
570 JUNE TER
(Address)
DELAND, FL 32724
(City/State and Zip Code)
For further information concerning this matter, please call:
PHANEL PETIT (386) 742-1583
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \& Certificate of Status \$\times 2000 \text{Certified Copy} \text

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
PHANEL INTERNET & B	SUSINESS SERVICES LLC.	
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II Addings		
ARTICLE II - Address: The mailing address and street add	lress of the principal office of the Limited Liabi	lity Company is:
The maning address and street add	ness of the principal office of the Limited Liabil	nty Company is.
Principal Office Address:	Mailing Address:	
570 JUNE TER	PO BOX 664	
DELAND, FL 32724	DAYTONA BEACH, FL 32115	
	t, Registered Office, & Registered Agent's Si as its own Registered Agent. You must designate an individual ation.)	
The name and the Florida street ad	·	.0 IAID
PHANEL P	PETIT	Sign Sign
	Name	
570 JUNE	TER	6 2
F	lorida street address (P.O. Box <u>NOT</u> acceptable)	<u> </u>
DELAND, I	FL 32724 _{FL}	: 10
	City, State, and Zip	0
		•

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- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR PHANEL PETIT	570 JUNE TER DELAND, FL 32724

(Use attachment if necessar	ary)
CLE V: Effective date, if other offective date is listed, the dolor days after the date of filing	her than the date of filing: 12/21/2007 . (OPTIONAL late must be specific and cannot be more than five business days ng.)
REQUIRED SIGNATUR	RE:
Signature	Duff t e of a member or an authorized representative of a member.
(In accord of this do	dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

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)

PHANEL PETIT
Typed or printed name of signee