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Office Use Only



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G. MCLEOD

FFR 22 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Guardianship Assistants, 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:
Vicki L. Ballek (Name of Person)
Guardianship Assistants, LLC (Firm/Company)
(Firm/Companý)
2925 Guadalufe Drive
(Addiess)
Punta Gorda, FL 33950 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Vicki Ballek at (941) 391-3860 (Name of Person) (Area Code & Daytime Telephone Number)
( 5,
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$125.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$\$160.00 Filing Fee & 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 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:

ARTICLE II - Add	, .			
the mailing address	s and street address of the	principal office of the Limited Liabili	ty Company	/ 1S:
Principal Office A	ddress:	Mailing Address:		
2925 Guad Punta Gor	Palupe Drive da, FL 33950	1133 Bal Harbor Blvd., PMB 216 Punta Gorda, FL 33	<u>5k. 1139</u> 950	ı
(The Limited Liability Co.		ed Office, & Registered Agent's Sig gistered Agent. You must designate an individual of		C=3
The name and the F	lorida street address of the	e registered agent are:	.08	SE SE
	_			
	Vicki L. B	alleK	熫	로움
	Vicki L. B	alleK	FEB 21	CRETAR
	Nan	ne	21	CRETARY O
	Nan 2935 Guada Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)	21 PH	CRETARY OF S
	Nan 2925 Guada Florida street a Punta Gorda	ne  Loo Drive  address (P.O. Box NOT acceptable)  A FL 33950	21 PM 3:	CRETARY OF STAIL
	Nan 2935 Guada Florida street a	ne  Loo Drive  address (P.O. Box NOT acceptable)  A FL 33950	21 PH	CRETARY OF STATE

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Vicki L. Ballek 2925 Guadalupe Drive Punta Gorda, FL 33950
fective date is listed, the date mu	the date of filing: (OPTIO) st be specific and cannot be more than five business of
days after the date of filing.)  REQUIRED SIGNATURE:	
Villa	R. Ballek
Signature of a me	mber or an authorized representative of a member.

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

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)