L08000021122

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

Office Use Only



700118898997

02/27/08--01024--022 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIUA

entranticum of the control of the co

T. CLINE

FEB 28 2008

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	Car Scarlett, 1 (Name of Limited Liability Compar	lc.
The enclosed Articles of Or	ganization and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
tan	Mie Eno (Name of Person)	
	(Name of Person)	
d	ear scarlett (Firm/Company) West Avenue, (Address)	
	(Firm/Company)	
1200	West Avenue. 1	± 625
Miami	Beach, FL (City/State and Zip Code)	33139
	(City/State and Zip Code)	
For further information con-	erning this matter, please call:	
l		
<u> IAMMIE</u>	$\frac{ENo}{erson)}$ at $(\frac{941}{AreaCode})$	8 Daytime Telephone Number -
(1.43.110-01.2	(Area Code	in the second se
Enclosed is a check for th	-	ASSI
\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Certificate of Status Certified Copy (additional copy in the copy	Certificate of Status &
R C P	egistration Section Registration ivision of Corporations O. Box 6327 Clifton Bulallahassee, FL 32314 2661 Execution	Corporations

February 20, 2008

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find my "Articles of Organization for Florida Limited Liability Company." Please note that I purposely used small letters for the name of the company I would like to set up. It is "dear scarlett". For legal reasons, if you need to capitalize the words, I understand. But, prefer it to be left as is, if possible. That is also why the IIc is not capitalized. Please change it if required, you have my permission.

Included is a check for \$125 to register the company.

If you should need to contact me, please give a call at: 941-961-0221 or send an email to tammie_eno@hotmail.com.

Thank you in advance for your prompt attention to this matter.

Kind Regards,

Tammie Eno

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	rlett, 1 C 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:
1200 West Avenue, #625 Miani Beach, FL 33139	1200 West Avenue, # 625 Miami Beach, FL 33139
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual of anothers
(The Limited Liability Company cannot serve as its own Registe	ered Agent. You must designate an individual of another agent are:
(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 result of the resu	ered Agent. You must designate an individual of another

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..

Apple William (SEQUIRED)

MGR Lammie Eno 1200 West Arenue, * 1625 Miami Beach, FL 33139 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR Lammie Eno 1200 West Arenue, * 1625 Miami Beach, FL 33139 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR Lammie Eno 1200 Wyst Avenue * 625 Mama Beach, FL 33139 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days produced by the date of filing.)	<u>Title:</u> "MGR" = Manager	Name and Address:	
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days p	CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days properties of days after the date of filing.)	CLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member MGR .	1200 West Avenue *1	625 6139
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days p	CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days properties the date of filing.)	CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days p	CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days pool days after the date of filing.)	CLE V: Effective date, if other than the date of filing:			
		Signature of a member or an authorized representative of a member. (In accordance with section 608 408(3) Florida Statutes, the execution			

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)