# L08000026426

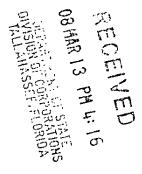
| (Requestor's Name)  |  |
|---|--|
| (Address)   |  |
| (Address)   |  |
| (City/State/Zip/Phone #)  |  |
| PICK-UP WAIT MAIL   |  |
| (Business Entity Name)  |  |
| (Document Number)   |  |
| Certified Copies Certificates of Status   |  |
| Special Instructions to Filing Officer:  Please Call Whilh ready See Cover Sheet. |  |

Office Use Only



500119790315

03/14/08--01001--008 \*\*750.00



B. KOHR
MAR 1 4 2008

EXAMINER



#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: 2202 Amelia Circle, LLC  |   |
|   | ed Liability Company)   |
| The enclosed Articles of Organization and fee(s) are surely please return all correspondence concerning this matter                             | (C) (S) (B) (C)   |
| Van P. Geeker, Esquire  |   |
|   | (Name of Person)  |
| Igler & Dougherty, PA   | OADE.   |
|   | (Firm/Company)  |
| 2457 Care Drive   |   |
|   | (Address)   |
| Tallahassee, Florida 32308  |   |
| (City)  | y/State and Zip Code)   |
| For further information concerning this matter, please  Van P. Geeker, Esquire  (Name of Person)  Enclosed is a check for the following amount: | at (850 878-2411 Call)  Area Code & Daytime Telephone Number)  Performance of the code of |
| ▼\$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status   | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327   | Street/Courier Address Registration Section Division of Corporations Clifton Building   |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION

#### **OF**

SECRETARISM SIGN

## 2202 AMELIA CIRCLE, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. Name. The name of the Limited Liability Company is **2202 AMELIA CIRCLE**, LLC (the LLC).
- 2. <u>Purpose</u>. The purpose for which the LLC is organized to engage in any and all lawful business activities under the laws of the State of Florida and of the United States of America.
- 3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 2202 Amelia Circle, Tallahassee, Florida, and the mailing address shall be Post Office Box 20023, Tallahassee, Florida 32316.
- 4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

BELEN C. MILLS 58 Yates Street Quincy, Florida 32351 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.

Belen C. Mills, Registered Agent

Executed at Tallahassee, Florida, on this 12th day of March, 2008.

Be ( Miss

Belen C. Mills, Trustee of the Belen Collantes Mills Trust u/t/a 7/22/99

STATE OF FLORIDA

**COUNTY OF LEON** 

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of March, 2008, by **BELEN C. MILLS**, as Trustee of the Belen Collantes Mills Trust u/t/a 7/22/99, who is personally known to me.



Signature of Notary Public