L09000027749

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 1 8 2008

EXAMINER

COVER LETTER

TO: Registration Division of C		•	
. SUBJECT: Camo	ar Enterprises, LL	С	
· SUBJECT.		ted Liability Compa	nry)
	60	1 (4.16 61)	
	of Organization and fee(s) are	_	
Please return all corres	pondence concerning this mat	tter to the following	:
Barbara A	Ann Tainter		
		(Name of Person)	11.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Camcar l	Enterprises, LLC		
		(Firm/Company)	
125 Ospr	ey Lakes Circle		
		(Address)	
Chuluota	, FL 32766		
	·	ty/State and Zip Code)
For further information	n concerning this matter, pleas	e call:	
Barbara Ann	Γainter	at (407	3663427
(Nam	e of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check t	for the following amount:		,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Boundary 2661 Exe	urier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2008

BARBARA ANN TAINTER 125 OSPREY LAKES CIR CHILUOTA, FL 32766

SUBJECT: CAMCAR ENTERPRISES, LLC

Ref. Number: W08000011941

We have received your document for CAMCAR ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L03000020238 (CAMCAR ENTERPRISES, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 408A00014106

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	DONIDA ENVITED EMBIERTI COMPAN	•
ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
Per formance		
Camcar Enterprises, LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	orincipal office of the Limited Liability Company	is:
-		
Principal Office Address:	Mailing Address:	
125 Osprey Lakes Circle	125 Osprey Lakes Circle	
Chuluota, FL 32766	Chuluota, FL 32766	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another	
Barbara Ann Tainte	r	
Name	•	
125 Osprey Lakes 0	Circle	
	Idress (P.O. Box <u>NOT</u> acceptable)	
Chuluota, FL 32766) H	
City, State,		
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limit this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of verformance of my duties, and I am familiar with an istered agent as provided for in Chapter 608, F.S	all
Backar (Registered Agent's Signa	DIVISION BOOK TO THE SECOND STATE OF THE SECON	57.55.75

(CONTINUED) Page 1 of 2 SECRLTARY OF STATE
DIVISION OF CORPORATIONS

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

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

IGRM	Barbara Ann Tainter	
	125 Osprey Lakes Circle	
	Chuluota, FL 32766	
MGRM	Charles Dean Tainter	
	125 Osprey Lakes Circle	
	Chuluota, FL 32766	
Use attachment if necessary)		
EV: Effective date if other than the	he date of filing:	. (OPTIO)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Barbara Ann Tainter

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)