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(Requestor's Name)		
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(City/St	ate/Zip/Phone #)	<b> </b>
PICK-UP	WAIT	MAIL.
(Busine	ess Entity Name)	
(Docum	nent Number)	
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Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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OR MAR 21. PM 1: 35

T. HAMPTON

**EXAMINER** 

MAR 2 5 2008

## **COVER LETTER**

TO: Registration Division of C	n Section Corporations		
SUBJECT:	MERICAN )	ted Liability Company)	rate Housing, LL
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
W	sillian H.	DELOATER	18
4	anzricau Vi	(Name of Person)  (Name of Person)  (Firm/Company)	Housing, LLC
3	014 W.C	Mpid Aut (Address)	
	TAMPA F	L 336() ity/State and Zip Code)	
For further information	n concerning this matter, pleas	se call:	
William H	A. DELBART ne of Person)	Kat ( 813) 486 (Area Code & Daytime Tele	-8121 ephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Ansigan Victory Co (Must end with the words Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
JOI4 W. Chapin AUE Tampa, FL 33611	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
William H. J.	DELOATENE
3014 W. Ch	pin Aue
Florida etroet addr	ecc (P Ω Roy NOT accentable)

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)

City, State, and Zip

OPPOSED OF CORPORATION

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	William H. DELOATCHE 3014 W. Chapin Aue
MGRM	TED R. DAVIELS  DEL DAVIELS  DEL DAVIELS  DEL DAVIELS  TAMPA FL 33618
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
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.)

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)