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DIVISION OF CORFORATION

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EXAMINER

COVER LETTER

| | ation Section 1 of Corporations | |
|--------------------|---|--|
| SUBJECT: | Wilbur Sean of Mame of Limite | and Connie Cook LLC Ed Liability Company) |
| The enclosed Art | cicles of Organization and fee(s) are | submitted for filing. |
| Please return all | correspondence concerning this matt | er to the following: |
| (| TONNIE E. Cos | (Name of Person) |
| | | (Name of Person) |
| _ <u>L</u> é | Dilbur, Sean a | M & CONNIC COOR LLC (Firm/Company) |
| <u>le l</u> | 208 Sinisi D | (Address) |
| <u>m+</u> | Dora Florida | 32757 y/State and Zip Code) |
| For further inform | mation concerning this matter, please | e call: |
| Connie | (Name of Person) | at (<u>352</u>) <u>735-0269</u> (Area Code & Daytime Telephone Number) |
| <u> </u> | heck for the following amount: Fee \$\int\$\$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & 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: | | |
|---|--|-------------------------|
| (Must end with the words "Limited Liabili | CONNIC LLC." ity Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Com | npany is: |
| Principal Office Address: | Mailing Address: | |
| Mt. Dura, Fla 32757 | Same | |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | tered Agent. You must designate an individual or another | r 🖳 |
| The name and the Florida street address of the re | egistered agent are: | SECRETAR VISION OF I |
| Wilbur J- (| Cock : | 음 왕 |
| | • | |
| _ leloo8 Sinis | ii Dr | ည်း နှို့ကို |
| Florida street add | iress (P.O. Box <u>NOT</u> acceptable) | STATE ORATION |
| | FL 32757 | ž |
| City, State, a | ınd Zip | |

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..

Willow Cook
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| 'MGR" = Mana 'MGRM" = Ma | | nd Address: |
|--|---|--|
| MGR. | <u> W</u> | 11 bur J. Coolc 08 Sinisi Dr Dova, Fl. 32757 |
| MGR | | or Sinisi Dr. Dova F1.32757 |
| M G R. | | NNIE E. Cook 18 Sinisi Dr. Dora Fl. 32757 |
| | | |
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| LE V: Effective | date, if other than the date of filing | : (OPTION |
| LE V: Effective fective date is lided ays after the control of the | e date, if other than the date of filing isted, the date must be specific and late of filing.) | : (OPTION d cannot be more than five business da |
| LE V: Effective fective date is lided ays after the control of the | e date, if other than the date of filing isted, the date must be specific and late of filing.) | : (OPTION dicannot be more than five business da |
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| LE V: Effective fective date is lided ays after the control of the | e date, if other than the date of filing sted, the date must be specific and late of filing.) IGNATURE: | rized representative of a member. 3), Florida Statutes, the execution ation under the penalties of perjury |
| (Use attachmen LE V: Effective fective date is li days after the o | e date, if other than the date of filing sted, the date must be specific and late of filing.) IGNATURE: Signature of a member or an author (In accordance with section 608.408(3 of this document constitutes an affirm | rized representative of a member. (3), Florida Statutes, the execution ation under the penalties of perjury |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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