## L08000039457

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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J. BRYAN

APR 2 1 2008

**EXAMINER** 

## **COVER LETTER**

	Registration Division of (	Section Corporations		
SUBJEC	ст:С	+ W Property (Name of Limited	Group LLC Liability Company)	A
		`		
The encle	osed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please re	turn all corre	spondence concerning this matter	to the following:	
	Da	old Wall		
		(1)	lame of Person)	D8 APR 18 PM 14 24
		(F	irm/Company)	
	3013	Eastland Bli	rd H(13	2
			(Address)	5
	Clee	rrwater, Fl	33761	24
<del></del>		(City/S	State and Zip Code)	
For further	er information	n concerning this matter, please c	all:	
	auid (Nan	we of Person)	at (727) 501 2 (Area Code & Daytime Telep	3 4 7 phone Number)
Enclosed	d 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 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 Ci- Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FI  ARTICLE I - Name: The name of the Limited Liability Company is:	LORIDA LIMITED LIABILITY COMPANY
(Must end with the words "Limited Liabi	LORIDA LIMITED LIABILITY COMPANY
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3023 Castland Blod 14113 Clearwater, Fl 33761	3023 tastland Blod H113 Clearwater, F1 33767
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
David Wal	(
Name	**************************************
3013 Castlan	d Blod HI3
	d B ( oz H ( ( 3) dress (P.O. Box NOT acceptable)
Clear water City, State,	FI. 33761
City, State,	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	`L

(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:

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGEM		Michael Cardoni 335 Bay Alber Blod Oldsmar, Fl 34677
MGRM		David Wall 3023 Exitlend Blud H113 Clearwater, F1 33761
**************************************	***************************************	
	<del></del>	
(Use attachmer	nt if necessary)	
CLE V: Effective ffective date is leading to the leading after the leading to the	e date, if other than the listed, the date must b date of filing.)	e date of filing: (OPTIONAte specific and cannot be more than five business day
CLE V: Effective frective date is l	e date, if other than the listed, the date must b date of filing.)	e date of filing: (OPTIONA
CLE V: Effective ffective date is leading to the leading after the leading to the	e date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
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CLE V: Effective ffective date is leading to the leading after the leading to the	e date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with se	e date of filing: (OPTIONATE of a manufacture of a member.  Control of the control of a member of a member.  Control of the control of a member of a member.  Control of the control of a member of a member of a member of a member.  Control of the control of a member of a me
CLE V: Effective ffective date is leading to the leading after the leading to the	e date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document const that the facts stated in the constant of the con	e date of filing: (OPTIONATE of a manufacture of a member.  Control of the control of a member of a member.  Control of the control of a member of a member.  Control of the control of a member of a member of a member of a member.  Control of the control of a member of a me

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)