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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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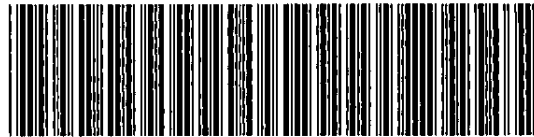
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 MAY 12 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins MAY 13 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Start Me A Tab LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anita K. Simpson  
(Name of Person)

Start Me A Tab LLC  
(Firm/Company)

6796 Nightwind Circle  
(Address)

Orlando, FL 32818  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anita K Simpson at (407) 540-2400  
(Name of Person) (Area Code & Daytime Telephone 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**  
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

**FILED**

**ARTICLES OF ORGANIZATION**

**08 MAY 12 PM 3:01**

**FOR**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**START ME A TAB LLC**

The undersigned, being of legal age and competent to contract, for the purpose of organizing a limited liability company pursuant to the laws of the State of Florida, does hereby adopt the following Articles of Organization, and does hereby agree and certify as follows:

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

Start Me A Tab LLC

**ARTICLE II  
PRINCIPAL BUSINESS OFFICE**

The principal office of the Limited Liability Company is: 6796 Nightwind Circle Orlando, FL 32818.

**ARTICLE III  
MAILING ADDRESS**

The mailing address of the Limited Liability Company is: 6796 Nightwind Circle Orlando, FL 32818.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office of the Limited Liability Company shall be located at: 6796 Nightwind Circle Orlando, FL 32818 and the initial registered agent of the Limited Liability Company at that address shall be ANITA K. SIMPSON.

**ARTICLE V**

**MANAGING MEMBER**

The name and street address each Managing Member is as follows:

Anita K. Simpson  
6796 Nightwind Circle  
Orlando, FL 32818

**IN WITNESS WHEREOF**, the undersigned, being the Managing Member hereinbefore named, for the purpose of organizing a limited liability company under the laws of the State of Florida to do business both within and without the State of Florida, hereby make and file these Articles of Organization, declaring and certifying that the facts stated herein are true, and hereby subscribes thereto and hereunto set her hand and seal:

Date

5/8/08

Anita K. Simpson  
Anita K Simpson

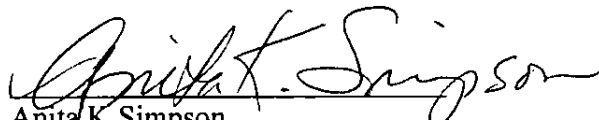
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA AND REGISTERED  
AGENT UPON WHOM PROCESS MAY BE SERVED**

Start Me A Tab LLC. desiring to organize as a limited liability company under the laws of the State of Florida, with its registered office at 6796 Nightwind Circle, Orlando, Florida 32818, has named and designated Anita K Simpson as its registered Agent to accept service of process within the State of Florida.

**ACKNOWLEDGMENT**

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.

Dated this 8<sup>th</sup> day of May, 2008.

  
Anita K Simpson  
Registered Agent

**FILED**  
08 MAY 12 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA