L08000051549

16 C
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
s Openiar manualions to 1 ming officer.

'n

Office Use Only



700129929327

05/21/08--01035--012 **125.00

OB MAY 21 PM 2: 41
SECRETARY OF STATE TALL AHASSEE, FLORIDA



COVER LETTER

TO: Registration Sec Division of Corp						
Subject: Scully li	nfo, LLC					
	(Name of Limite	d Liability Comp	any)		-	
The enclosed Articles of C	Organization and fee(s) are s	submitted for filin	g.			
Please return all correspon	ndence concerning this matte	er to the following	j:			
Darlene Sc	ully					
	(Name of Person)				
Scully Info,	LLC					
***************************************	((Firm/Company)				
122 19th A	ve. N					
		(Address)				
Saint Peter	sburg, Florida 33			ALLA ALLA	₩ # 80	_==
	(City	/State and Zip Code	e)	AH.	172	
For further information co	oncerning this matter, please	call:		SSEE	08 HAY 21 PM 2: 4	
Darlene Scully		at (_941	726-039	, , , ,	2: 4	ŧ
(Name o	f Person)	(Area Cod	e & Daytime Tele	phone Number)	, –	
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing 1 Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301			

ARTICLE I - Name: The name of the Limited Liability Company is: Scully Info, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 122 19th Ave. N Saint Petersburg, Florida 33704 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Dariene Scully	<u>₽</u> S	80	
Name	ECR LA	MAY	
122 19th Ave. N	HAS	172	77
Florida street address (P.O. Box NOT acceptable)	SE -<		[
Saint Petersburg, Florida 33704	ار المارات المارات	P	
City, State, and Zip	STAT Lorii	2:4	

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 (REQUILED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
Manager	Darlene Scully
	122 19th Ave. N
	Saint Petersburg, Florida 33704
-	
(Use attachment if neces	ary)
CLE V: Effective date, if of the control of the con	her than the date of filing: (OPTIONAlate must be specific and cannot be more than five business daying.)
CLE V: Effective date, if of the effective date is listed, the days after the date of file of the effective date. REQUIRED SIGNATU	her than the date of filing: (OPTIONAl late must be specific and cannot be more than five business daying.) RE: Coptional late must be specific and cannot be more than five business daying.)
CLE V: Effective date, if of effective date is listed, the days after the date of file REQUIRED SIGNATU Signatu (In according that the date of that the date of th	her than the date of filing: (OPTIONAlate must be specific and cannot be more than five business daying.)

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

\$125.00 Filing Fee for Articles of Organization and Designation

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