

L08000052084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

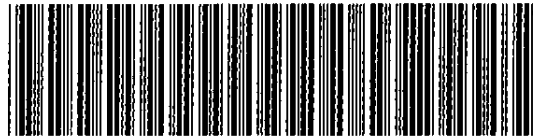
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000128828330

05/12/08--01017--025 \*\*130.00

Effective Date 05/30/08

FILED  
08 MAY 27 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
MAY 27 2008  
EXAMINER

17832-8001

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Final Option, 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:

Regina Evans  
(Name of Person)

George Trener Bush CPA  
(Firm/Company)

205 Ave K SE  
(Address)

Winter Haven FL 33880  
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Evans at (863) 401-8866  
(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

**GEORGE TRENEN BUSH CPA & CO., P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

205 Avenue K, S.E.

Winter Haven, Florida 33880

(863) 401-8866

Fax (863) 401-8503

Member  
Florida Institute Of  
Certified Public Accountants

Member  
American Institute Of  
Certified Public Accountants

May 8, 2008

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: THE FINAL OPTION,LLC

Gentlemen:

Enclosed for filing please find Articles of Incorporation for THE FINAL OPTION, LLC. together with our check in the amount of \$130.00 for filing fee, designation of resident agent, and a certified copy to be returned to me.

Thank you for your assistance.

Sincerely,

  
GEORGE TRENEN BUSH

GTB:rae

enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 MAY 27 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 13, 2008

REGINA EVANS  
GEORGE TRENEN BUSH CPA  
205 AVE K SE  
WINTER HAVEN, FL 33880

SUBJECT: THE FINAL OPTION, LLC  
Ref. Number: W08000023871

We have received your document for THE FINAL OPTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 12, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 808A00030448

Effective Date 05/30/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Final Option, 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:**

521 South 7<sup>th</sup> Street  
Eagle Lake, FL 33839

**Mailing Address:**

521 South 7<sup>th</sup> Street  
Eagle Lake, FL 33839

**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 business entity with an active Florida registration.)

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

Byron Worthington

Name

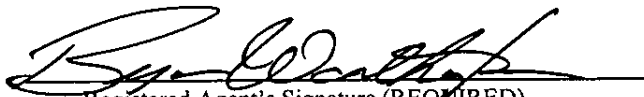
521 South 7<sup>th</sup> Street

Florida street address (P.O. Box NOT acceptable)

Eagle Lake FL 33839

City, State, and 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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Byron Worthington  
521 South 7<sup>th</sup> Street  
FAIR LAKE, FL 33839

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 30, 2008 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

BYRON WORTHINGTON  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA