## L08000060670

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUN 20 2008				
EXAMINER				

Office Use Only



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SECRETARY OF STATE

## . COVER LETTER

IU:	Division of Corp		•			
SUBJECT: James S. Baugh, LLC						
(Name of Limited Liability Company)						
The er	nclosed Articles of C	rganization and fee(s) are sul	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
	Toni Slones					
		(N	ame of Person)	<del></del>		
	Michael Spe	eck & Associates,	Inc.			
	(Firm/Company)					
	1912 B Lee	Road Suite A-1	•	TALL		
			(Address)	ARE JUN		
	Orlando, FL	32810		ASSEAN A SERVICE		
		(City/S	tate and Zip Code)			
For further information concerning this matter, please call:						
Toni Slones 407 521-8973						
	(Name of	Person)	(Area Code & Daytime Tele	phone Number)		
Enclos	sed is a check for t	he 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 C. Tallahassee, FL 32301	ircle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
James S. Baugh, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3000 Clarcona Road #564 Apopka, FL 32703	3000 Ciarcona Road #564 Apopka, FL 32703				
прорка, г. С. 32703	дрорка, FE 32703				
	gistered agent are:  #564 ess (P.O. Box NOT acceptable)				
Apopka, FL 32703  City, State, an	FL d Zin				
Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member James S Baugh MGR 3000 Clarcona Road #564 Apopka, FL 32703 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_ . (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 of 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

Typed or printed name of signee

Filing Fees:

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

James S Baugh

that the facts stated herein are true.)

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