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(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	
A. LUNT	
AUG 22 2008	

Office Use Only

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	FCT. Success Based Interv	ention LLC	
3013		mited Liability Company)	
The en	aclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	The	eodore Gee	
		(Name of Person)	
	C&0	Enterprises LLC	
		(Firm/Company)	
	PO	Box 2369	
		(Address)	
	Co	rnelius NC 28031	ALLY 2008 J
		(City/State and Zip Code)	77 B
For fu	rther information concerning this matter, pl	ease call:	21 A SSEE, FI
Th	eodore Gee	at (816) 5829692	
	(Name of Person)	(Area Code & Daytime Tele	
Enclos	sed is a check for the following amount		•
_	.00 Filing Fee \$\int\\$130.00 Filing Fee Certificate of Status	& □\$155.00 Filing Fee & ☑	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\mathbf{A}	R'	П	\mathbf{CI}	Æ	I	_	N	am	e:
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The name of the Limited Liability Company is:

Success Based Intervention 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 Addres	<u>ss:</u>	Mailing Address:			
1528 Braewick Road		PO Box 2369			
Winter Spring Florida 32708		Cornelius NC 28031			
	cannot serve as its own Relorida registration.)	red Office, & Registered Age gistered Agent. You must designate an i e registered agent are:	Individual or STAN OF S	another 21 A	
	Nar			ი. მ	
	1528 Brae	ewick Road			
	Florida street	address (P.O. Box NOT acceptable)			
v	Vinter Spring	_{FL} 32708			
	City, Stat	e, 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 (REOURED)

(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:

IGR	Ted Gee
	1528 Braewick Road
	Winter Spring Florida 32708
	22 2
	5 2 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5
	<u> </u>
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3	
Use attachment if necessary)	1 -

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.)

Lavorne Ger

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)