LU80000 82711

(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:		

Office Use Only

B. KOHR

SEP 2 2008

EXAMINER



400134835534

09/02/08--01001--011 **155.00

DEFAKTALKI OF STAT DIVISION OF CURPORATION OF CURPORATION OF CURPORATION OF CURPORATION OF STATEMENT OF STATE

OB AUG 29 PH 3:3



B. KURANER 2 2008

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

Favois Accounting Lervice	ED R. S. SEE, FLORIBA
	Art of Inc. FileLTD Partnership File
	Enter and Corp. File L.C. File
	Fictitious Name File Trade/Service Mark
	Merger File Art. of Amend. File
	RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy
	Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name
	Corp Record Search Officer Search
	Fictitious Search Fictitious Owner Search
Signature	Vehicle Search
Requested by: 6/29 11:00	UCC 1 or 3 File
Name Date Time	UCC 11 SearchUCC 11 Retrieval

Courier_

ARTICLES OF ORGANIZATION OF FARRIS ACCOUNTING SERVICES, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I NAME

The name of the limited liability company (the "Company") is: FARRIS ACCOUNTING SERVICES, LLC.

ARTICLE II ADDRESSES

The initial mailing address of the Company is 81 San Marco Avenue, St. Augustine, Florida 32084 and the initial street address of the Company is 81 San Marco Avenue, St. Augustine, Florida 32084.

ARTICLE III REGISTERED AGENT

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204A, St. Augustine, Florida 32080-3111.

ARTICLE IV MANAGEMENT

The Company is to be managed by the members and is therefore, a member managed company.

Kristin Farris (Managing Member) 81 San Marco Avenue

St. Augustine, Florida 32084

ARTICLE V LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being authorized representatives of a Member of the Company, have executed these Articles of Organization this 28th day of August, 2008. 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.

By: Alab TAMLa Kristin Farris

Managing Manager

ACCEPTANCE OF REGISTERED AGENT

I, Sean P. Sheppard, Esq., on behalf of Sheppard & Sheppard, P.A., having been named to accept the service of process for FARRIS ACCOUNTING SERVICES, LLC., certify that I am a permanent resident of St. Johns County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this 28th day of August, A.D., 2008.

Βv:

Scan P. Sheppard, Esq.,

on behalf of Sheppard & Sheppard, P.A.

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sean P. Sheppard, Esq. on behalf of Sheppard & Sheppard, P.A. who is X personally known to me, or ___ who produced the following identification: ___ Florida Driver's License, ___ other identification and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that she executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 28th day of August, A.D., 2008.

GLENN P. COTTER
Notary Public - State of Florida
My Commission Expires Jun 15, 2009
Commission # DD 441255
Bonded By National Notary Assn.

Notary Public, State of Florida

Printed Name:

My Commission expires: