# 4180000811

(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDANISION OF CUSPORATION
TALLAHASSEE, FLORIDANISION OF CUSPORATION OF CUSP

G. MCLEOD

SEP 24 2008

**EXAMINER** 

### **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	Name of Limited	OMPANY 12C d Liability Company)	7 
The enclosed Articles	of Organization and fee(s) are su	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
Edu	Add N Ellis	5 Jr.	
		Name of Person)	
			·
-	(	Firm/Company)	
85 ~	TAll PINE		
		(Address)	
HAUAH	UA Florida	32333	•
	(City/	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Edward N	Ellis Tr	at (850) 539 -3	phone Number)
Enclosed is a check	for the following amount:		
_	\$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	Street/Courier Address	

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(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:
85 TAIL DINE HAVANA 32333 Florida 32333
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:  Edward N Elis Jo  Name  85 Thi Pine  Florida street address (P.O. Box NOT acceptable)  HAUANA FL 33333  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 farfacity. I further agree to comply with the provisions of a statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my portion as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

# Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 SIGNAT Signature of a member or ar 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.) Filing Fees:

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

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