D8000100616

(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:

L. SELLERS

NOV - 3 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLABASSIF FI DRINA

COVER LETTER

TO:	Registration Division of C		
SUBJE	ECT:	TRASH B	COME LLC ted Liability Company)
		(Name of Limi	ted Liability Company)
		of Organization and fee(s) are	-
Please	return all corres	pondence concerning this ma	tter to the following:
	DAN	UEL RRENN	(Name of Person)
•	,		(Name of Person)
			(Firm/Company)
	1540	5W 48th	Ter
·			(Address)
	CAPE	CORAL	(Address) = L 33914 ty/State and Zip Code)
	I	(Ci	ty/State and Zip Code)
For fur	ther information	n concerning this matter, pleas	e call:
D	ANIE!	ISIREMM AM	at (239 671-2594 (Area Code & Daytime Telephone Number)
	(-1		(
Enclos	ed is a check t	for the following amount:	
\$125 .0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nomes		
ARTICLE I - Name: The name of the Limited Liability Company is:		
JOACH D. LOVE	110	
Must end with the words "Limited Liabilit	ry Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri		
Principal Office Address:	Mailing Address:	
1540 SW 48th TER CAPE CORAL FL 33914	SAME	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
DANIEL BREW Name	WAN	
Name		
1540 SW 48 KL Florida street addr	TER	
Florida street addr	ess (P.O. Box NOT acceptable)	
CAPIS CORA City, State, an	FL 33914	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as registered.	ccept service of process for the above his certificate, I hereby accept the app I further agree to comply with the p formance of my duties, and I am fam	pointment as provisions of all iliar with and
Daniel C/B	Mennan	
Registered Agent's Signatu (CONTINU		08 OCT 31 SECRETARIASSE
Page 1 of 2		

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

DANIEL BIZGHMAN
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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