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(Re	equestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FALLABASSE FURTER SUFFICIENCY OF FIRM

Cd. 12-11-08

COVER LETTER

TO:		ion Section of Corporations					
SUBJI	ест: <u>Та</u>	illahassee	Name of Limi	ارسات ited Liab	Sしひて/e	5M5	LLC
The en	closed Artic	les of Organization	n and fee(s) are	submit	ted for filing.		
Please	return all co	rrespondence cond	cerning this ma	itter to th	e following:		
		Alexan	ider 1), (Jaldoch		
				(rame	or reisony		
				(Firm/C	Company)		
		8509 L	iffle scen	ح أ <u>ك</u> (Ad	Lane dress)		
		•					
		in Hahass	ee ti		32309		
			(C	ny/State	ind Zip Code)		
For fur	ther informa	tion concerning th	is matter, pleas	se call:			
	Alex	Waldoc(~	at (650	Z(Z-	Ce374
	(1	Name of Person)			(Area Code & Da	ytime Tele	phone Number)
Enclos	sed is a chec	ck for the follow	ing amount:				
\$125.	.00 Filing F	ee \$\square\$\\$130.00 \\ Certificat	Filing Fee & te of Status	Ce	55.00 Filing Fee ertified Copy Iditional copy is end		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		P.O. Box 6	n Section f Corporations		Street/Courier Registration Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	ction rporations g : Center Ci	ircle

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:
8509 Liffle scenic Lane	8509 Little Scene Lane
Tallahassee FL 32309	Tallahassee FC, 32309

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:

Alex Waldoch
Name
8509 Ciffle Scenic Lane
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL FL 32309
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 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 (REQUIRED)

<u>Title:</u> "MGR" = Manager	aging Member(s): ger or Managing Member is as follows: 00 DEC 11 PM 3:58 Name and Address: Secret TARY OF STATE ADDRESS SECRETARY OF STATE
"MGRM" = Managing Member	TO CHICAGO SEE, FLORIDA
MORM	
	Avexander Waldoch 8509 Little Scenic Lane Tallahassee FL, 32309
	Tallahassee FC, 32309
	
(Use attachment if necessary)	
	4 AMU (OPTION
LEV: Effective date, if other than the	date of filing: (OPTION.
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days after the date of filing.) REQUIRED SIGNATURE: A	e specific and cannot be more than five business da
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with second	er or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)