0900004389

(Address)	70013984
(City/State/Zip/Phone #)	01/15/0901001
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	D MOUS

Office Use Only



10457

--014 **155.00

JAN 1 4 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	EСТ: <u>/</u>	2 Sea / 2 (Name of Limited	Estate Grade Liability Company)	oup LLC.
The en	iclosed Articles o	f Organization and fee(s) are so	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	14.00
		Ingela Hot	_	A L
	H	\	Name of Person) State Group Firm/Company)	P SSEE FY
		(1	Firm/Company)	ORDE CO
	/	14226 Turk	(Address)	, , , , , , , , , , , , , , , , , , ,
				,
		Tallahassee	FI 3231	<i>'</i> 2
•		(City/	State and Zip Code)	 _
For fur		concerning this matter, please of	eall: at (850 32/- (Area Code & Daytime Te	7489
	(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclos		r the following amount:		
\$125.0	00 Filing Fee	\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

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:

Patrick Harley

Name

411 Merlin Weg

Florida street address (P.O. Box NOT acceptable)

Tall

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" = M "MGRM" =	anager Managing Member	Name and Address:
mgrn mgrn	<u> </u>	Patrick Hunley 411 merlin stan Tall Fl 32301
MGRA	7	Argela Hoffman 14324 Turkey Cok Dr Tall, for 32312
<u> </u>		
		
·	ent if necessary)	an the date of filing:
LE V: Effect fective date i	rive date, if other tha	an the date of filing: (OPTIO) sust be specific and cannot be more than five business d
LE V: Effect fective date i days after th	ive date, if other tha	an the date of filing: (OPTIOI ust be specific and cannot be more than five business d
LE V: Effect fective date i days after th	rive date, if other that is listed, the date made date of filing.)	an the date of filing: (OPTION was to specific and cannot be more than five business of
LE V: Effect fective date i days after th	ive date, if other that is listed, the date made date of filing.) SIGNATURE:	tust be specific and cannot be more than five business of
LE V: Effect fective date i days after th	s listed, the date made date of filing.) SIGNATURE: Signature of a made of this document that the facts si	nember or an authorized representative of a member. Typed or printed name of signee (OPTION

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