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(Req	uestor's Name)	
		- <u>-</u>
(Add	ress)	
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(City.	/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
		<u> </u>
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
1.		
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DESTRUCTIONS

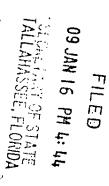
DIVISION OF TAKEN AND A

TALL THE SSEE FLORIDA

B. KOHR

JAN 2 0 2009

EXAMINER



COVER LETTER

	stration Section sion of Corporations		
SUBJECT: _	APALA CHEE	CAPITAL	GROUP LLC
	(Name of Limi	ited Liability Company)	
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.	16.00
Please return a	all correspondence concerning this ma	tter to the following:	10000000000000000000000000000000000000
	RICHARD M.	(Name of Person)	To San
	APALACHEE	(Firm/Company)	GROUP, LLC
	221 DELTA	(Address)	#2
For further info	TAUAHASSEE (Ci	ty/State and Zip Code) e call:	303
	KARD M. () LENCY (Name of Person)		LZS ~ LIIO sytime Telephone Number)
Enclosed is a	check for the following amount:		
]\$125.00 Filir	ng Fee \$\sum_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	etion porations g Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED	
ARTICLE I - Name:	1. C. T.
The name of the Limited Liability Company is:	VER E
APALACHEE CAPITAL GROWF	LLE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LI	.c.) ~ ~ ~ .
	722 5
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Liu	mited Liability Company is:
- · ·	N. Já
Principal Office Address: Mailing Address:	A CO
#_	· / /
221 DELTA COURT "2 221	DELTA (unet "
TALLAHASSEE FL 32903 TALLAHASSE	FL 32303
	<u></u>
ARTICLE III - Registered Agent, Registered Office, & Registered	Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate the Limited Liability Company cannot serve as its own Registered Agent. You must designate the Limited Liability Company cannot serve as its own Registered Agent.	
business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
RICHARD M. O I FAM	
Name	7
Name	11.
221 DELTA COURT	Ŧ 之
Florida street address (P.O. Box NOT accept	able)
	·
TALLAHASSEE FL 3230	<u>.</u> >
City, State, and Zip	•
	Co. A

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 (BEQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing	g Member
MERM.	RICHARD M. O LENRY
•	TALL. FL 32303
MGRM	WILLIAM C. LAMB.
MAICH	ZZI DELTA COURT &
	TALL., FL 32303
MERM	JOHN R. ATWOOD
	TALL. FL 3230
	1
Use attachment if nec	essary)
L E V: Effective date, i	f other than the date of filing: (OPTIO
fective date is listed, tl	f other than the date of filing: (OPTIO) he date must be specific and cannot be more than five business of
L E V: Effective date, i	f other than the date of filing: (OPTIO) he date must be specific and cannot be more than five business of
LE V: Effective date, if fective date is listed, the days after the date of	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.)
LE V: Effective date, if fective date, if days after the date of	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.)
LE V: Effective date, if fective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.) FURE:
LE V: Effective date, if fective date is listed, the days after the date of REQUIRED SIGNATES Signates	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.) FURE:
LE V: Effective date, i fective date is listed, the days after the date of REQUIRED SIGNAT Signa (In ac of thi	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.) FURE:

\$125.00 Filing Fee for Articles of Organization and Designation

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