## L09000009474

(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:			
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Office Use Only



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EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2009

DEBORAH CLARK 950-23 BLANDING BLVD #273 ORANGE PARK, FL 32065

SUBJECT: POSSUM LEAF DESIGN LLC

Ref. Number: W09000001681

We have received your document for POSSUM LEAF DESIGN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 12, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 709A00001198

## COVER LETTER

TO:

Registration Section

Division of C	orporations			
SUBJECT: Po	SSUM Leaf ] (Name of Limit	Design LLC led Liability Company)		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Deborah W	Clark (Name of Person)		
Pa	ssum Leaf	Design (Firm/Company)		
9	50-23 BIAN	ding Blud #	273	
	range Park	FL 3206 5	5	
For further information	n concerning this matter, pleas	e call:		
Debora	h W. Clark ne of Person)	at ( 904) 312  (Area Code & Daytime To Service Continued Copy  (additional copy in melosed)	-47020 Elephone Number Co	
Enclosed is a check	for the following amount:		N 28 HASS	Service of the servic
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copyris enclosed)	The state of the s
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Possum Leaf De: (Must end with the words "Limited Liability	Sign LLC y Company, "L.L.C.," or "LLC.")
ARTICLE, II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
950-23 Blanding Blud #273 Orange Park, FL 32065	950-23 Blanding Blvd #273 Orange Park, EL 32065
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature red Agent. You must designate an individual manather
The name and the Florida street address of the re	gistered agent are:
Deborah W.	Clark Plyd #273
950-23 BIAN Florida street addr	ess (P.O. Box NOT acceptable)
ORANGE PARK City, State, an	FL 32065 nd 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)

(CONTINUED) Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
Title:  "MGR" = Manager  "MGRM" = Managing Member	Name and Address:
MGR	Deborah W. Clark 950-23 Blanding Blud #273 Orange Park, FL 32065
	,
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	te of filing: 2//2009 (SPEIONAL)
(If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	LW. Clark

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.)

Deborah W. Clark
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)