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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB - 6 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

EFFECTIVE DATE 1/29/09

SUBJECT: Owens and Owens, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

FILED
09 FEB -5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

Mariah Owens
(Name of Person)

Owens and Owens, LLC
(Firm/Company)

901 W. Warren Ave, Suite 1001
(Address)

Longwood, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Lorri Bell at (407) 834-0860
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 1/29/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
09 FEB -5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

Owens and Owens, LLC
(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:

901 W. Warren Ave.
Suite 1001
Longwood, FL 32750

Mailing Address:

901 W. Warren Ave.
Suite 1001
Longwood, FL 32750

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:

Debra Duke
Name

901 W. Warren Ave - Suite 1001
Florida street address (P.O. Box **NOT** acceptable)

Longwood FL 32750
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..

Debra Duke
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Mariah Owens 1862 Valleywood Way Lake Mary, FL 32746
MGR	Debra Nube 901 W. Warren Ave. Longwood, FL 32750

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-29-09 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Mariah Owens, MGRM
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.)

Mariah Owens, MGRM
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)