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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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(Document Number)
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C. LEWIS

MAR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
0000	99		
SUBJECT: SQUTE		PANY LLC ited Liability Company)	
			•
The enclosed Articles of C	Organization and fee(s) are	e submitted for filing.	•
Please return all correspon	dence concerning this ma	ntter to the following:	
JIMM	IE D EADS		·
	<u> </u>	(Name of Person)	
0011		· .	
	THERN SITE CO	MPANY LLC (Firm/Company)	Address
762	5 BROOKSLINE	ST (Address)	
		(Maresa)	
WES	LEY CHAPEL FL		
	(C	ity/State and Zip Code)	
For further information co	reaming this matter, pleas	se call:	
Por furtier information con	recrining this induct, produ	se can.	
	EADS	nt (813) 927-55	8.6
(Name of	Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for t	he following amount:		
X \$125.00 Filing Fee		\$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 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C. Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
SOUTHERN SITE COMPANY LLC (Must end with the words "Limited Liability	Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7625 BROOKLINE ST WESLEY CHAPEL FL 33544	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the reg	ad Agent. You must designate an individual or another
BRENDAL L EADS	ASS 1
Name	SECTION TO THE PROPERTY OF THE
7625 BROOKLINE ST	in the second of
Florida street addres	is (P.O. Box NOT acceptable)
WESLEY CHAPEL fl 33	\$44
City, State, and	
Having been named as registered agent and to accept the obligations of my position as registered accept the obligations of my position as registered.	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:		Name and Address:	52
"MGR" = Manage	er		=
"MGRM" = Mana	iging Member		SS
MGR		JIMMIE D EADS	Me.
	_	7625 BROOKLINE ST	ن منه
		WESLEY CHAPEL FL 33544	30.5
			7
	_		
			 -
		e date of filing: MORC (2 70-)	OPTIC
LE V: Effective de ective date is liste	nte, if other than the	e date of filing: MNR c (1 2 2009 be specific and cannot be more than fiv	
LE V: Effective da ective date is liste days after the date	ate, if other than the d, the date must be of filing.)		
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LE V: Effective da Pective date is liste days after the date REQUIRED SIG	nte, if other than the d, the date must be of filing.) NATURE: Signature of a mombe of this document const that the facts stated by JIMMIE D	er or an authorized representative of a memoration 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perharein are true.)	ber.

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