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EXAMINER



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SECRETARY OF STALL

COVER LETTER

TO: Registration Division of C			
SUBJECT: Which	Le You 'Re (Name of Limite	AWAY LLC ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
1 (1)	Ta Aveal	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
6309	ROSEFINCH	(Address) 3420d (State and Zip Code)	101
2		(Address)	
BRACI	lenton Pl.	34200	
	(City	//State and Zip Code)	
For further information	concerning this matter, please	call:	
Tusta A	verill	at (<u>941</u>) <u>580 - 3</u> (Area Code & Daytime Teleph	3369
(Name	e of Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	sle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(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 Co	mpan	y is:
Principal Office Address: Mailing Address:		
6309 ROSEFINELL CF. UNITION 6309 ROSEFINELL (BANGENTON FI. 34202 UNIT 104 BRACENTON FI. 342	C1	•
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	her 09 MAR	DIVISION
Name 6309 Rose Final Ct. Unit 104 Florida street address (P.O. Box NOT acceptable) Braden for FL 34202 City, State, and Zip	16 AMIO: 19	
Having been named as registered agent and to accept service of process for the above stat liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar	ment a sions c	us of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ANDREATELLA 1816 ROSEHALL CT. BRAVENTM FI 34202
MGRM	MARY GUSTITUS 724 134 AVE NW BRACKSAM FI 34209
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
Twi ka	ped 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)