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SECRETARY OF STATE

# **COVER LETTER**

Division of Corporations	
SUBJECT: N98192 LLC	
	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Steven H. Weisher	
	(Name of Person)
N98192 LLC	
	(Firm/Company)
20220 SW 88th Place F	Road
	(Address)
Dunnellon, FL 34431	
(Ci	ty/State and Zip Code)
For further information concerning this matter, pleas	e call:
Steven H. Weisher	_at(_352) 533-2351
(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	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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
N98192 LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20220 SW 88th Place Road	20220 SW 88th Place Road
Dunnellon, FL 34431	Dunnellon, FL 34431
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the serve as its own Registration.)  The name and the Florida street address of the serve as its own Registration.)	registered agent are:
20220 SW 88th F	Place Road
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Dunnellon, FL 3	4431
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	Mark E. Hampton
<del></del>	5085 SE 14th Place
	Ocala, FL 34471
MGRM	Steven H. Weisher
<del></del>	20220 SW 88th Place Road
	Dunnellon, FL 34431
MGRM	Vicki L. Hampton
<del></del>	5085 SE 14th Place
	Ocala, FL 34471
MGRM	Karen L. Weisher
	5085 SE 14th Place
	Dunnellon, FL 34431
(Use attachment if necessary)	)
ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	

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.)

Steven H. Weisher

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)