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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

#### L. SELLERS

APR - 3 2009

### **EXAMINER**

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DEPARTMENT OF LAIC NVISION OF CORPORATION TALL AHASSEE, FLORIDA

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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

#### **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	fire A Hard (Name of Limit	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
$\leq$	hane Wo	, cg	
	roote voo	(Name of Person)	
		(Firm/Company)	
27	.23 M.	ir Lane	
	^	(Address)	
<u> </u>	nitay Fl	32425	
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
Shara	1-11	850 JOI	15 6
(Name	of Person)	at (Area Code & Daytime Tele	phone Number)
	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	rcle

#### 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 Company is:
Principal Office Address:  Mailing Address:
2723 Muir Lane 2723 Muir Lane Bonitay Fl 32425
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:  Name
Florida street address (P.O. Box NOT acceptable)  Bonifay FL 32425  Çity, 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
Shane Ward  Registered Agent's Signature (REQUIRED)  Resistered Agent's Signature (REQUIRED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** 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.) 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)