LD900033578

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETALY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ect∙	Bour	4 I.LC	
30001		(Name of Limi	ted Liability Company)	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ndence concerning this mat	tter to the following:	
		WEND	(Name of Person)	
		_	(Firm/Company)	
		1736 Pa	(FirmCompany)	
		6 (36 VF	(Address)	
		MERAMI	(Address) AR (Code) ty/State and Zip Code)	.3
		(Cı	ty/State and Zip Code)	
For fur	ther information co	oncerning this matter, pleas	se call:	
\	LE NDY	COLLIE	at (<u>\$13</u>) <u>932</u> (Area Code & Daytime Tele	-5142
	(Name o	I Person)	(Area Code & Daytime Tele	pnone Number)
Enclos	sed is a check for	the following amount:	,	
] \$125.	00 Filing Fec [\$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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2000 110				
(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:				
708 E. LoTUS 6736 PANSY Dr. TAMAA, FL33612 MITRAMAA, KL73027				
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:				
Ruby LEWIS				
Name				
6736 PANSY DV				
Florida street address (P.O. Box NOT acceptable)				
MIRAMIAN FL 33027				
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				
- Aubline				
Registered Agent's Signature (REQUIRED)				

(CONTINUED) 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mar	WENDY CALLE
MIGRM	Ruby LEWIS 6736 PANSY DU MINAMON, PL3302]
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	uliturs
(In accordance win of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
	Typed or printed name of signee
Filing Fees:	AP T
\$125.00 Filing Fee for Articles of Of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	Organization and Designation