L090000 34059

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE 19 APR -8 SECRETARY IALLAHASS

B. KOHR

APR - 8 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	_{ECT:} cheryl	enterprises llc				
		(Name of Limite	d Liability Com	pany)	•	
		f Organization and fee(s) are s			TIVE DATE	4409
Please	return all corresp	ondence concerning this matte	er to the following	ng:		•
	Cheryl Nic	klos			Ž.	1 P
		(Name of Person)			品为五
	cheryl ent	erprises IIc.				150 M
		(Firm/Company)			Ma &
	22 Willoug	ghby dr.				100 de 15
			(Address)			Or P
	Naples FI.	. 34110				
		(City	/State and Zip Co	de)		
For fu	ther information	concerning this matter, please	call:			
Rick	Nicklos		at (239	59789	944	
	(Name	e of Person)	(Area Co	ode & Daytime	Telephone Nun	iber)
Enclo	sed is a check for	or the following amount:				
□ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		Certifica () Certified	Filing Fee, ate of Status & Copy al copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Addi ation Section on of Corporat Building xecutive Centussee, FL 3230	tions ter Circle	



ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	O TRA - O FILE
Cheryl Enterprises LLC	The state of the s
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22 Willoughby Dr.	22 Willoughby Dr.
Naples FI 34110	Naples Fl34110
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Cheryl Nicklos	
Name	
22 Willoughby Dr.	
Florida street addr	ess (P.O. Box NOT acceptable)
Naples FL. 34110	FL

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(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:

MGR=Cheryl Nicklos	22 Willoughby Dr. Naples FL. 34110				
					
		- .			
(11					
(Use attachment if necessary)					
LEV. Effective data if other than	the date of filing: <u>04 -04-09</u>	(OPTION			

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.)

Cheryl Nicklos

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)