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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY - 1 2009

**EXAMINER** 

# **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT	LaCharite Enterprises, LL	.C
SUBJECT.		Liability Company)
The enclose	ed Articles of Organization and fee(s) are su	bmitted for filing.
Please return	m all correspondence concerning this matter	to the following:
Ro	bert R. La Charite	
	4)	Jame of Person)
La	Charite Enterprises, LLC	
	(F	Firm/Company)
24	.03 West Hillsboro Blvd., Ap	ot. #306
		(Address)
De	eerfield Beach, FL 3344	42
	(City/	State and Zip Code)
For further i	information concerning this matter, please of	eall:
Robert	R. La Charite	at ( 954 ) 650 - 7153
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	s a check for the following amount:	
□\$125.00 F	Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	2\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	ICI	Æ	۱ - ۱	Na	me.

The name of the Limited Liability Company is:

# LaCharite Enterprises, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

### **Principal Office Address:**

Mailing Address:

2403 West Hillsboro Blvd., Apt. #306

Deerfield Beach, FL 33442

2403 West Hillsboro Blvd., Apt. #306 Deerfield Beach, FL 33442

# 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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee.

.. 32301

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.

egistered Agent's Signature (REQUIRED)

Lamont W Jones, Assistant \

(CONTINUED) Page 1 of 2 09 APR 30 AMII: 08

# 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	Name and Address:			
"MGRM" = Managing Memb	per			
MGRM	Robert R. La Charite			
	2403 West Hillsboro Blvd., Apt. #306			
	Deerfield Beach, FL 33442			
(Use attachment if necessary)	)			
•				
	than the date of filing: (OPTIONAL)			
	e must be specific and cannot be more than five business days			
O days after the date of filing.)	l			
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.)

# Robert R. La Charite

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)

SECRETARY OF STATE AS DIVISION OF CORPORATIONS