# L09000044942

(Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2009 MAY -7 PM 1: 02

SECRETARY OF STATE
ASSIGNATION

C. LEWIS

MAY - 8 2009

EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporations	•
SUBJI	ECT. FLORIDA SALES DEV	ELOPMENT, LLC
30001	uo.,	nited Liability Company)
The en	closed Articles of Organization and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	RUSTY FOX	
		(Name of Person)
		(Firm/Company)
	3502 Old Course Lane	
		(Address)
	Valrico, FL 33596	
	Email Address:	City/State and Zip Code)
For fur	ther information concerning this matter, ple	ase call:
RUS	STY FOX	m. 813 751-9992
1100	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
	00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 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 Corporation 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 1 - Name:**

The name of the Limited Liability Company is:

## FLORIDA SALES DEVELOPMENT, LLC

(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:
3502 Old Course Lane	3502 Old Course Lane
Valrico, FL 33596	Valrico, FL 33596
	SE
	Name SRY P
3502 Old Cou	irse Lane
Florida	a street address (P.O. Box NOT acceptable)
Valrico	FL 33596
C	ity, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

FILED

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2009 MAY -7 PM SECRETARY OF TALLAHASSEE, F
MGRM	JOSEPH E. FOX, JR.	
	3502 Old Course Lane	
	Valrico, FL 33596	
MGRM	MARION M. FOX	
	3502 Old Course Lane	
	Valrico, FL 33596	
(Use attachment if necessary)		
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)	n the date of filing: est be specific and cannot be more t	(OPTIONAL han five business days
days after the date of hing.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	emper of an authorized representative o	f a member.

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)

JOSEPH E. FOX, JR.

Typed or printed name of signee