## 10900051122

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2009 MAY 2 & PH 12: 34
SECRETARY OF STATE

C. LEWIS MAY 2 7 2009

**EXAMINER** 

## **COVER LETTER**

	ivision of Corporations
SUBJECT	r: Member Advocate LLC.
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
	urn all correspondence concerning this matter to the following:
<u>T</u>	Debway Purcell Name of Person
	Firm/Company
<del></del>	2145. Macdil
-1	57 mars 51 mars 221 mag
	City/State and Zip Code
	City/State and Zip Code  APUV(E) Crybu(Koff (L. 6) 7  E-mail address: (to be used for future annual report notification)
	information concerning this matter, please call:
Any	Name of Person at (813) 956 - 4085  Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
∭\$125.00 l	Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \cent{Certified Copy} \\ (additional copy is enclosed) \$\bigcup \cent{Certified Copy} \\ (additional copy is enclosed
	Mailing Address  Pagistration Section  Pagistration Section
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability C	Company is:	
Member Advocas	"Limited Liability Company," "L.L.C.," or "LLC	C.")
ARTICLE II - Address:		
The mailing address and street address	ess of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
2145 MacDIN Tumpa Florida 334	214 S. MacDi Turnpa Flor	11 1da 33609
The name and the Florida street additional and the Florida street addition	on.)	an individual or another  2009 MAY 26 PM 12: 34  SECRETARY OF STATE TALLAHASSEE, FLORIDA
2.14 S. N	NOC DILL	Y 26 HASS
Florida street	address (P.O. Box NOT acceptable)	四年 星
Ta	City, State, and Zip	SI SI
	City, State, and Zip	TE TE
liability company at the place des registered agent and agree to act in statutes relating to the proper and	gent and to accept service of process signated in this certificate, I hereby act this capacity. I further agree to comp complete performance of my duties, a dition as registered agent as provided the service of the control of the c	ccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	2009 MAY 26 PM SECRETARY OF TAULAHASSEE. F
MURM.	Tumpa FL 33600	in Business,
<del></del>		
	than the date of filing: must be specific and cannot be more th	
days after the date of filing.)  REQUIRED SIGNATURE:		
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance of this docum that the facts s	e with section 608.408(3), Florida Statutes, the electron constitutes an affirmation under the penaltic stated herein are true.)  Typed or printed name of signee	execution