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(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:	\neg
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ALLAHASSELL SIMIL
SECRETARY DE S

S. HAWKES

JUN 8 - 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·	
SUBJECT:	Doug's Mane of Limited	gint	
	Name of Limited	d Liability Company	
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
D	ouglas G.	TUE Name of Person	
	oug's M	Charles Awer	
13	35 Las	Le Susset	Way
- (A	City/	State and Zip Code	ົງ
	E-mail address: (to be used for	future annual report notification)	
For further information (concerning this matter, please o	all:	
Name o	of Person	at () Area Code & Daytime Telep	ohone Number
Exclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Courier	ircle

Tallahassee, FL 32301

8125.00

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITEX COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SSEE FLOOR
Doug's Main tenance (Must end with the words "Limited Liability Co	mpany," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:

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:

Doug 18 G. INE

Name

1335 Late Suvs of Watt

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

TAUA FL 32310

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.

Registered Agent's Signature (REOUIRED)

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:

"MGRM" = Managing Member	
MGRM	Douglas G TVIS 1335 have Sunset W. Tallo, FL 32310
	ALCO JUN
· · · · · · · · · · · · · · · · · · ·	8 1 1 2 3 5 E E E E E E E E E E E E E E E E E E
	Q TO
(Use attachment if necessary)	
ffective date is listed, the date must t	e date of filing: (OPTIO
days after the date of filing.)	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Signature of a member or an authorized representative of a member.

that the facts stated herein are true.)

S 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)