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# **COVER LETTER**

TO: Registration S Division of Co			TAL
SUBJECT:	NT ONE Name of Limi	ted Liability Company	JUN 1 CRETARY CAHASS
Please return all corresp	f Organization and fee(s) are ondence concerning this ma	tter to the following:	PH 3: 33 EE. FLORIO
Th	omas C.	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
2048	A Darne	U Circle 7	2
To	lla hassee	FL 32	.303
	n the gr E-mail address: To be used	ty/State and Zip Code  8	м
	concerning this matter, pleas		
Thomas Name o	Pavey of Person	at (407) 516 Area Code & Daytime Te	~ 1055 lephone Number
Enclosed is a check fo	r the following amount:	•	
\$125.00 Filing Fec	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABII	ASP CON	MPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	HASSEE	F
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	F STATE	, O
ADTICLE II Address	➣	

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

Principal Office Address:	Mailing Address:
2048A Dannell Civile	P.O. BOX 10665
Taluhassee	Tallohossee
FL, 32303	FL, 32302
/	, ,

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:

Thomas	C.	Pavez
	Name	
20484	Darne	11 Circle
Florida street addre	ss (P.O. Box <u>N</u> O	OT acceptable)
Tallahassa	FL FL	32303
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 (REQUIRED)

# 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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Thomas C. Pavey 2048 A Dannell Circle Tallohassee, FC 32303
	AHASSEE, FU
	ORDA STATE
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)	of filing: 6/1/09. (OPTIONAL) cific and cannot be more than five business days prior
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.)

Thomas C. Pavey
Typed or printed name of signer

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)