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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

JUN 16 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	J.O. +ive. Name of Lim	Repair LLC nited Liability Company	·
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corres	spondence concerning this ma	atter to the following:	
		Johnny ()rr	
	20	. tive Re	Name of Person Pur Firm/Company	SECRETALLAR
		3414 57	Sohn ST	ASSEE PH.
	Panar	na City !	H 32405 City/State and Zip Code	3: 29 STATE FLORIDA
-		E-mail address: (to be used	for future annual report notification)	
For fur	ther information	n concerning this matter, plea	se call:	
<u>Z</u> 0/	nny C	e of Person	at (450) L24-2 Area Code & Daytime Telepho	Z69 one Number
Enclos	sed is a check t	for the following amount:		
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	3 11
Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	NIS PR
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	mpany is:
Principal Office Address: Mailing Address:	
3HIY ST Shn ST Panama Cuty 15 32481 Spung field 81 32481 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.) Effective Date Company and the Florida street address of the registered agent are:	ther
Sohnny Ory Name	
Florida street address (P.O. Box NOT acceptable) City State, and Zip City State, and Zip Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment of the place designated in this certificate, I hereby accept the appointment of the place designated in this certificate.	tment as
registered agent and agree to act in this capacity. I further agree to comply with the provisitatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60	with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Spring field FC 32401
	SECRETARY OF SEE, F. S.
(Use attachment if necessary) FICLE V: Effective date, if other than the	date of filing: (9-11-09 . (OPTIONAL)
r 90 days after the date of filing.)	e specific and cannot be more than five business days price
	r or an authorized representative of a member.
of this document constitute that the facts stated here	B On
Filing Fees:	ped 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)