# L09000060769

(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	<b></b>
(Document Number)	
Certified Copies : Certificates of Status	ş. <b>1</b>
Special Instructions to Filing Officer:	***

A. LUNT

JUN 23 2009

**EXAMINER** 

Office Use Only



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2009 JUN 22 PH 2: 0;
SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: TOTA	Name of Limit	PACKAGE ed Liability Company		
The enclosed Articles of	Organization and fec(s) are	submitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
	PENNY :	S. RANSEY Name of Person	TAI	,200
			L AR	2009 JUN 22
		Firm/Company	四二	2"
	312 EAST VEN	IICE AVE. STE.#20	72 ES	PH 2
	VENICE, FL	34285	ATE DRIDA	2: 03
	_	y/State and Zip Code  PKG D LWE . Com  for future annual report notification)		
For further information co	oncerning this matter, please	e call:		
PENNY RA	MS By Person	at ( 941 ) 488 - 2' Area Code & Daytime Tele	Phone Number	
Enclosed is a check for	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 C Tallahassee, FL 32301		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liabi	PACKAGE L.L.C.	<del></del>
(Must end with the words Limited Liabi	my Company, E.E.C., of EEC. )	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
312 EAST VENICE AVE, STE. 205 VENICE, FL 34285	312 EAST VENICE AV	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the Penny S.R. Name  312 EAST VENICE Florida street address (P.O.)	registered agent are:  PMSEY  AVE. STE.205	T's Signature:  Adividual or another  SECRETARY OF STATE  AHASSEE, FLORIDA
	, FL <b>342.85</b> and Zip	10 A

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):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_mgr	PENNY S. RAMSEY 312 EAST VENICE AVE STE 205 VENICE, FL 34285
	TALLI
	SECRETARY OF ALLAHASSEE F
(Use attachment if necessary)  FICLE V: Effective date, if other than the date in effective date is listed, the date must be spread ages after the date of filing.)	STA 2:
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury are true.)
Typed Filing Fees:	or printed name of signee
\$125.00 Filing Fee for Articles of Organiza	ation and Darianation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)