

LO9000069750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

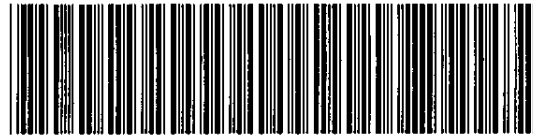
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500158162055

07/21/09--01025--007 **125.00

FILED
09 JUL 21 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2009 JUL 21 PM 12:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

S. HAWKES

JUL 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUDGET CUTS L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEREK KIDD
Name of Person

BUDGET CUTS
Firm/Company

3539 ADALBERT PKWY. SUITE #3, 111
Address
TAL. FL. 32311

DEREK KIDD 22 @ COMCAST.NET
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK KIDD at (850) 251-7093
Name of Person Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUDGET CUTS

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 JUL 21 PM 2:24

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

~~3539 APACHE~~

Suite

3539 SUITE 3 #111 APACHE PARKWAY
TALL. FL. 32311

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:

DEREK KIDD

Suite 3 #111

3539 APACHE PKWY 32311

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

TALL.

FL

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..

Derek Kidd

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

DEREK KIDD

3539 APPALACHEE PKWY. SUITE 2
111 TALL. FL. 32781

FILED
JUL 21 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-21-09 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

[Handwritten 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.)

DEREK KIDD

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)