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EXAMINER



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SECRETARY OF START TALLAHASSEE, FLORID

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B. KOHR

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**EXAMINER** 

August 10, 2009

New LLC Request for:

Sam Wealth Network, LLC

**Contact Information:** 

Samantha Blyn 1379 Benevolent Street Maitland, FL 32751 (407) 620-5848

EFFECTIVE DATE 8/10/04

Thank you,

Samantha Blyn

COVER LETTER EFFECTIVE DATE 8 10 09

2661 Executive Center Circle Tallahassee, FL 32301

Division of C			
			. <b>.</b>
SUBJECT:		Vealth Network, LLC 💮 🙀	- E 1
	Name of Limi	ted Liability Company	10 To 10
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	12 M 8. 9.
Please return all corres	pondence concerning this mat	ter to the following:	CORP
	9	amantha Blyn	7 P
	<u>\</u>	Name of Person	
	Sam W	/ealth Network, LLC	
-		Firm/Company	
	1379	Benevolent Street	
		Address	
	1.4-		
<del>,</del>		itland, FL 32751 ty/State and Zip Code	
	Ci	sy/state and Zip Code	
-	s	olyn@cfl.rr.com for future annual report notification)	···
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Sam Name	antha Blyn of Person	at ( 407 ) 620-5848 Area Code & Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check f	or the following amount:		
_	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	of Status & Copy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	opy is enclosed)

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sam Wealth Net (Must end with the words "Limited Liabil	
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:
379 Benevolent Street Maitland, FL 32751	1379 Benevolent Street Maitland, FL 32751
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 r	tered Agent. You must designate an individual or another
Samantha Name	<b></b>
1379 Benevo Florida street address (P.O. Maitland, FL 32751	lent Street
City, State, as  Having been named as registered agent and to a liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	
Registered Agent's Signat	ure (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:

"MGR" = Mana "MGRM" = Ma		Name and Address:
MGR		Samantha Blyn
	<del></del>	
	····	
(Use attachment	t if necessary)	
CLE V: Effective	date, if other than the date, the date must be s	
CLE V: Effective effective date is li	date, if other than the dated, the date must be slate of filing.)	
CLE V: Effective effective date is lied of the days after the days	date, if other than the date, the date must be slate of filing.)	specific and cannot be more than five business days
CLE V: Effective effective date is lied of the days after the days	e date, if other than the date sted, the date must be slate of filing.)  IGNATURE:  Signature of a member of the step of the s	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjury
CLE V: Effective effective date is lied of the days after the days	e date, if other than the date sted, the date must be state of filing.)  IGNATURE:  Signature of a member of this document constitution that the facts stated herei	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)