# L09000077969

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

Office Use Only



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~ 08/12/09--01010--011 \*\*125.00

09 AUG 12 PM 1:45
SECRETARY OF STATE

J. BRYAN

AUG 1 3 2009

**EXAMINER** 

Filling for New LC BUT WANTS TO KEEP THE MAMP Floade Dept of State Division of Corporations 8-5-09

Mu name is muster X southall,

my company closed about a year ogo, Id Lite to

Re-open my lo. I've been Told That in order to

Keel my NAME, I HAD to write a Letter

To Allow (your office) To KAGOW that I

would not contest, the DISALUSION of The Co.

But I want to teep my Name, (sis Developer

And properlies (LC) TAY Id # (02072-8867)

Montes X Southall

3545 Nobles St (A)

Pensacola Al 32514

FILED

O9 AUG 12 PH 1:45

SECRETARY OF STATE
SECRETARY OF STATE

THANK YOU FOR Your Limp ..

Melil

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations		
SUBJECT: S35 Developers And Properties LLC 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:		
335 Developers and Proferries UC (moxtex Southall)		
335 Developers and Proporties LLC.		
3565 Worker St.		
Pensacola 132514  City/State and Zip Code		
SSINILL HOLD QUAL HOOM ?		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		
Martel Southall at (850) 232-5956  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address  Registration Section Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

575 Developers And Morenties U.C.

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

### **ARTICLE II - Address:**

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

rincipal Office Address:	Mailing Address:
moutez Southall 3545 upsites St. (4)	Moster Southall 25 Nobles St, (b)
Persacola florida 32514	fersacola fly 32514

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:

Moutes K Southall

Name

35 (05 NODIPS S+ CX)

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

Peu St Cola FL 32514

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)

(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:

11	<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
<u></u>	MGZM	Moutez & Southacce 3565 Nobles St. (A) Pensacola fl, 32514
-		
_		OS AUG
_		ASSEE.
(	Use attachment if necessary)	STATE STATE
(If an eff	LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prio
<u> </u>	REQUIRED SIGNATURE:	- 1 & Ab. M
	Signature of a men	nber or an authorized representative of a member.
	(In accordance with of this document countries that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)
	Filing Fees:	Typed or printed name of signee

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

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