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EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FI 222-1173	ENUE	rmerly CCRS)				
FILING COVER ACCT. #FCA-14	SHEET		OS AUG 18 FILE FILE FILE FILE FILE FILE FILE FILE			
CONTACT:	ASHLEY S	<u>MITH</u>	FILED PH 3: 15			
DATE:	<u>08-18-2009</u>		On the second			
REF. #:	001260.1091	<u>196</u>				
CORP. NAME:	ORLANDO	A MENDEZ SR. LLC.	·			
() ARTICLES OF INC	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION			
() ANNUAL REPORT		() TRADEMARK/SERVICE MAR	RK () FICTITIOUS NAME			
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY			
() REINSTATEMENT		() MERGER	() WITHDRAWAL			
() CERTIFICATE OF	CANCELLATION	ı				
() OTHER:						
STATE FEES PREPAID WITH CHECK# 024875 FOR \$ 125.00						
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEB	BITED:			
		COST	r LIMIT: \$			
PLEASE RETU	RN:					
() CERTIFIED COP	Υ () (CERTIFICATE OF GOOD STANDI	NG (XX) PLAIN STAMPED COPY			
() CERTIFICATE O						

Examiner's Initials

ARTICLES OF ORGANIZATION

· · · · · · · · · · · · · · · · · · ·	OR LIABILITY COMPANY	Y PEG AG T
ARTICLE I - Name:		THE PORT OF THE PROPERTY OF TH
The name of the Limited Liability Company is:	z Sr. Lll.	STATE OF THE STATE
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	<i>a</i>

Principal Office Address:	Matting Address:
25946 Buckborn Ire	25946 Buck horn he
CANDO CAKES, Fl.	CANCOLAKES FI
34639	34639

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

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

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

AR'TICLE IV - Manager(s) or Managing Member(s

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW — Wanaging Weinber	(De Janeo H- Wendy IV.
MGRM	DE QUI Bulkbaca Ho
	1 10 VICE THE
	CANOLALE, PI 3963,
	<u></u> _
	
(Use attachment if necessary)	
NOTE: An additional article must be ad	ded if an effective date is requested.

REQUIRED 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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)