

**L09000086929**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

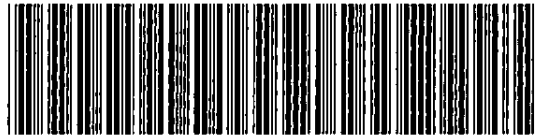
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**FILED**  
2009 SEP -8 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

SEP 9 2009

**EXAMINER**

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780

September 3, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: FOUNDATION SERVICES OF BREVARD COUNTY, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

FOUNDATION SERVICES OF BREVARD COUNTY, LLC.

**ARTICLE II**

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

**Principal Office Address:**

6852 Bear Trail  
Cocoa, Fl. 32926

**Mailing Address:**

6852 Bear Trail  
Cocoa, Fl. 32926

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

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

Jacqueline Lee  
6852 Bear Trail  
Cocoa, Fl. 32926

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*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.*

*Jacqueline Lee*  
September 3<sup>rd</sup> 2009

#### ARTICLE IV

Manager 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

MGRM

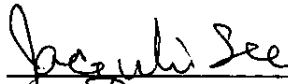
Jacqueline Lee  
6852 Bear Trail  
Cocoa, Fl. 32926

#### ARTICLE V (Optional)

Effective date, if other than the date of filing: file date

*(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:



Jacqueline Lee Sept. 3, 2009

*(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.)*

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