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O9 NOV -2 PM 1: 12 SECRETARY OF STATE

J. BRYAN

NOV - 3 2009

**EXAMINER** 

## **COVER LETTER**

TO:

	tration Section on of Corporations		
SUBJECT:	Sa	andra Davis LLC	
	Name of Limi	ited Liability Company	75 SE
The enclosed A	articles of Organization and fee(s) are	e submitted for filing.	OS NON -2 PM 1: 12 SECRETARY OF STATE TALLAHASSEE, FLORIT
Please return a	l correspondence concerning this ma	tter to the following:	SEE
		Sandra Davis	FLOT
		Name of Person	RIDA
		Firm/Company	
	3974	4 Ashworth Place	
		Address	
	Lak	keland, FL 33810	
	. Ci	ity/State and Zip Code	
	Sar E-mail address: (to be used	ndidavis@kw.com for future annual report notification)	
For further info	ormation concerning this matter, please	•	
	Sandra Davis	at ( 863 ) 5	59-2146
	Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a	check for the following amount:		
]\$125.00 Filir	ng Fee \$\int\\$130.00 Filing Fee & Certificate of Status	S155.00 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	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	SECRETARY TALLAHASS			
Sandra Da	vis LLC			
(Must end with the words "Limited Lial	billity Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the p	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3974 Ashworth Place	3974 Ashworth Place			
Lakeland, FL 33810	Lakeland, FL 33810			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another			
The name and the Florida street address of the	registered agent are:			
Sandra	Davis			
Nam	e			
3974 Ashw	orth Place			
Florida street address (P.O. Box NOT acceptable)				
Lakeland, FL 33810	FI.			
City, State,	and Zip			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered 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:

<u>Title:</u> "MGR" = Manag	er	Name and Address:	7.0 9
"MGRM" = Man			ACT 3
MGR		Sandra Davis 3974 Ashworth Place Lakeland, FL 33810	OS NOV-C SECRETARY OF STATE TALLAHASSEE, FLOR
	<del>-</del>		
(Use attachment i	if necessary)		. <u></u>
	•	e date of filing:	(OPTIONAL
ffective date is list	late, if other than the	e date of filing: oe specific and cannot be more than	
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be ted of filing.)		
LE V: Effective of	date, if other than the ted, the date must be ted of filing.)		five business days
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be ted, the date must be ted of filing.)  GNATURE  Signature of a memb	per or an authorized representative of a meetion 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of	nember.
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be ted, the date must be te of filing.)  Signature of a member of this document constitution that the facts stated here	per or an authorized representative of a meetion 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of	nember.

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)