# L09000109496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WOO 48A. LUNT NOV 1 3 2009 EXAMINER

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41.



October 30, 2009

MARCUS HERNANDEZ 16422 IVY LAKE DR. ODESSA, FL 33556

SUBJECT: DEVONWOOD HOLDINGS LLC

Ref. Number: W09000048424

We have received your document for DEVONWOOD HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 809A00034441

Agnes Lunt Regulatory Specialist II

## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations	
SUBJECT:	Devo	nwood Holdings LLC
		ited Liability Company
The enclosed Articl	es of Organization and fee(s) ar	e submitted for filing.
Please return all cor	respondence concerning this ma	atter to the following:
<del></del>	Ma	arcus Hernandez
		Name of Person
<del> </del>	Devor	nwood Holdings LLC
		Firm/Company
	164	22 Ivy Lake Drive
		Address
	0	dessa, FL 33556
<del></del>	C	ity/State and Zip Code
<del> </del>	marcus@f	nernandezaccounting.com  Therefore for future annual report notification)
For further informat	ion concerning this matter, plea	•
	cus Hernandez	at ( 813 ) 406-4406  Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
∑\$125.00 Filing Fe	ce \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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 i	is:		
Devonwood Ho	oldings LLC bility Company," "L.L.C.," or "LLC.")	<u>_</u>	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Com	ıpany is:
Principal Office Address:	Mailing Address:		
16422 Ivy Lake Drive Odessa, FL 33556	16422 Ivy Lake Drive Odessa, FL 33556		
Nam 16422 Ivy	gistered Agent. You must designate an in e registered agent are: lernandez	Tagnatus NOV 12 PM 4: 08  Tagnatus NOV 12 PM 4: 08  Tagnatus NOV 12 PM 4: 08	
Odessa, FL 33556 City, State,	FL		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signature Registered Agent's Signature agent and the proper and complete paccept the obligations of my position as registered Agent's Signature agent and the place designated in the place de	n this certificate, I hereby accept tity. I further agree to comply w performance of my duties, and I gistered agent as provided for in	t the appointmo vith the provision I am familiar w	ent as ons of all eith and

(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" = Manager	Name and Address:	
"MGRM" = Managing Member		2009 TALL
MGRM	Marcus Hernandez	2009 NOV
	16422 Ivy lake Drive	
·	Odessa, FL 33556	m —
110711		
MGRM	<u>Sylvia S. Hernandez</u>	<u> </u>
	16422 Ivy lake Drive	<u>5</u> _ 8
	Odessa, FL 33556	
		-
	<del></del>	<del></del>
		· · · · · ·
(Use attachment if necessary)		
(Use attachment if necessary)		
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than	five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb	ever an authorized representative of a m	five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb	er or an authorized representative of a metition 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of	five business days posterior days days posterior days days posterior days days posterior days days days days days days days days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with se of this document cons	er or an authorized representative of a metition 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of	five business days posterior days days posterior days days posterior days days posterior days days days days days days days days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with se of this document constituted the facts stated here.)	er or an authorized representative of a meetion 608.408(3), Florida Statutes, the exectitutes an affirmation under the penalties of erein are true.)	five business days posterior days days posterior days days posterior days days posterior days days days days days days days days

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