# 12000001021

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

Office Use Only

G. MCLEOD

 $1\Delta N = 5 2010$ 

**EXAMINER** 



000164001450

01/04/10--01043--003 \*\*130.00

10 JAN -4 PM 1:57

SECRETARY OF STATE DIVISION OF CERPORATION

## COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	:ст:	EGEZT ENT Name of Limit	ELPRISES LLC ed Liability Company	<del></del>
The end	closed Articles of (	Organization and fee(s) are	submitted for filing.	
Please	return all correspoi	ndence concerning this mat	ter to the following:	
		Nanta	Name of Person	
			Firm/Company	
	2455	WORTHINGTO	N 120AB	
			/ tudious	
,	MAIT	AND FL	32751	
-	nheger	+ e gmail.	ty/State and Zip Code  COM for future annual report notification)	
For fur		ncerning this matter, pleas		
Na	THAN H	<b>EGECT</b> Person	at ( <u>407</u> ) <u>590 · 1</u> Area Code & Daytime Teleph	<b>BOI</b> hone Number
Enclos	sed is a check for	the following amount:		
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Ci	rcle

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2455 WORTHINGTON RD MAITLAND FL 32751	2455 WORTHINGTON RD MAITLAND FL 32751
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another  Segistered agent are:
Florida street address (P.O.  MAITLAND  City, State, an	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, 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" = Manager	Name and Address:
"MGRM" = Managing M	MATHAN HEGERT  2455 WORTHINGTON RD  MAITLAND FL 32751
(Use attachment if necess	
If an effective date is listed, the o or 90 days after the date of fil	
REQUIRED SIGNATU	Nathlbat
(In acco	re of a member or an authorized representative of a member.  Indance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated 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)