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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			
SURT	ест:	MARY	DONOGHUE, LLC	
		Liability Company		
The en	closed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			/ DONOGHUE	
		Ŋ	Name of Person	
		I	Firm/Company	
20771 WHEELOCK DRIVE				
			Address	
			RT MYERS, FL 33917	
	-	_	State and Zip Code	
-	<u></u>	MARYDONOC E-mail address: (to be used for	GHUE@COMCAST.NET future annual report notification)	 _
For fur	ther information o	concerning this matter, please of	all:	
_MAF		UE@COMCAST.NET	at (239) 65 Area Code & Daytime Telep	
Enclos	ed is a check fo	r the following amount:		
]\$12 5.	00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company i	is:		
MARY DONO			
(Must end with the words "Limited Lia	ability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liability Compar	ıy is:	
Principal Office Address:	Mailing Address:		
20771 WHEELOCK DRIVE	20771 WHEELOCK DRIVE		
NORTH FORT MYERS, FL 33917	NORTH FORT MYERS, FL 33917		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or another		
The name and the Florida street address of the	S S	S	
MARY DO	NOGHUE # 2	CRE	
Nam		Sin	
20771 WHEE	1 00K PP# 45		
Florida street address (P.C	O. Box NOT acceptable)	าร บ:	
NORT FORT MYERS	D. Box NOT acceptable)	TO TO TO TO TO TO TO TO TO TO TO TO TO T	
City, State,		·	
Having been named as registered agent and to	accept service of process for the above stated lim	rited	

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)

Page 1 of 2 (CONTINUED)

ARTICLE 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 MGMR **MARYDONOGHUE** 20771 WHEELOCK DRIVE NORTH FORT MYERS, FL 33917 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:** 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.) MARY DONOGHUE Typed or printed name of signee Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

over Corninate or States (Optionar)