L10000021413

(Requestor's Name)
(Address)
(Address)
,
(City/Chata/7in/Chana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000168438980

02/24/10--01026--006 **125.00

TALLAHASSEE, FLORID

C. LEWIS
FEB 2 5 2010
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

	•	
SUBJECT:	Eileen L	ucas Writing Services
		ted Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this ma	tter to the following:
		Eileen Lucas
		Name of Person
	Eileen L	ucas Writing Services
		Firm/Company
	3279 N	Meadow Run Court
		Address
	Ve	enice FL 34293
		ty/State and Zip Code
	eileenlucasv	vritingservices@gmail.com
	E-mail address: (to be used	for future annual report notification)
For further information	on concerning this matter, pleas	e call:
Eileen Lucas		at (941) 504-4117
Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 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 - Nat	ne:		
The name of the L	imited Liability Company i	s:	
(Mı	Eileen Lucas Writin	g Services, LLC bility Company," "L.L.C.," or "LLC."	<u> </u>
ARTICLE II - Ad	ldress:		
The mailing address	ss and street address of the	principal office of the Limite	d Liability Company is:
Principal Office A	Address:	Mailing Address:	
3279 Meadow Ri Venice FL 34293		same	
(The Limited Liability Co		ed Office, & Registered Age gistered Agent. You must designate an	individual or another
The name and the l	Florida street address of the	e registered agent are:	ZINDFEB 24 SECRETARSE
	Eileen	Lucas	2 C
Name 3279 Meadow		ne	
		w Run Court	Me 25 FE FLORID
	Florida street address (P.	O. Box NOT acceptable)	SPE 2
	Venice FL 34293	FL	Or) en
	City, State,	, and Zip	

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)

FILED

	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:			AM 10: 25
The name and add	aress of each Manager	or Managing Member is as follows:	SECRETARY	OF STATE
<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	SECRETARY TALLAHASSE	E.FLOKIU
MGR		Eileen Lucas 3279 Meadow Run Court Venice FL 34293		
	_			
(Use attachment i	f necessary)			
	ed, the date must be sp	te of filing: March 10, 2010 pecific and cannot be more than five		
<u>REQUIRED</u> SIC	E Veer	DLucas)	_	
	(In accordance with section	r an authorized representative of a member of a member of a member of the execution and affirmation under the penalties of per are true.)	n	
Filing Fees:	Typed	or printed name of signee	_	
\$125.00 Filing For of Register \$ 30.00 Certified	ee for Articles of Organiza stered Agent d Copy (Optional) ate of Status (Optional)	ation and Designation		