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SECRETARY OF STATE

T. CLINE

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EXAMINER

COVER LETTER

то:	Registration S Division of Co						
SUBJ	ECT: Support	Line, LLC Name of Limit	ed Liability Co	mpany			
			,	·			
The er	nclosed Articles o	of Organization and fee(s) are	submitted for f	iling.			
Please	return all corresp	oondence concerning this mat	ter to the follov	ving:			
	Sharon Anne	Nunley					
			Name of Person	ı	 		
	Support Line,	LLC			,		
			Firm/Company				
	950 San Chri	stopher .					
			Address			- 2	
	Dunedin, FL					SEC	۲1
	snunley@kno		y/State and Zip (Code		2010 MAR - 1 SECRETAR TALLAHASS	П
		E-mail address: (to be used	for future annual	report notification	en)	mo -10	TT
For fu	rther information	concerning this matter, please	e call:	•		PH 1: 51	C
Shar	on Nunley		_ at (_727	565-300			
	Name	of Person	Area (lode & Daytime	Telephone Number	er.	
Enclo	sed is a check f	or the following amount:					
□\$125	.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified (additional) Certified	te of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Addu tration Section ion of Corporat on Building Executive Cent hassee, FL 3230	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Support Line, LLC. (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
(11431 314 1141 115 115 135	•	
ARTICLE II - Address:	•	
The mailing address and street address	s of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
Sharon Núnley	Sharon Nunley	2010 MAR SECREI
950 San Chrisopher	950 San Christopher	F6 3 -
Dunedin, FL 34698	Dunedin, FL 34698	HAR SSIGNMUTE:
business entity with an active Florida registration.		1: 58
The name and the Florida street address Sharon Anne Nur		
		DE CO
	Name	OFF OF
Sharon Anne Nur 950 San Christop	Name	DE CO
Sharon Anne Nur 950 San Christop	Name Oher la street address (P.O. Box NOT acceptable)	
Sharon Anne Nur 950 San Christop Florid	nley Name oher	DE CO

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

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	7× 20
	SECRETI TALLAHA
	¥ Z
	RY SSE
March 1, 2010	. (OPERION)
not be more tha	n five busiess da
	March 1, 2010

Sharon Anne Nunley

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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