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Effective Date 03/03/2010

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SECRETA PYLOR STATE IVISION OF CURPORATION

T. HAMPTON

MAR - 8 2010

EXAMINER

COVER LETTER

TO:	Registration : Division of C			
SUBJ	ECT: <u>Save</u>	Our Sovereign Land, Name of Limit	, L.L.C. ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	oondence concerning this mat	ter to the following:	
	Charles A	A. Morehead, III, Esc		
			Name of Person	
	Moody, Jo	ones, Ingino & Morehe	ead, P.A.	
			Firm/Company	
	1333 S. (Dniversity Drive, Su	ite 201	
			Address	
	Plantatio	on, FL 33324		
		Cit	y/State and Zip Code	
	cmorehead	l@moodyjones.com		
		E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Cha:	rles A. More	ehead, III, Esq.	at (954) 473-6605	
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclos	sed is a check f	or the following amount:		
C \$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 C Tallahassee, FL 32301	ircle

Effective Date 03/03/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Comp	oany is:	
	eign Land, L.L.C.	ted Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		f the principa	al office of the Limited Liability Company is
Principal Office A	ddress:	<u>Ma</u>	iling Address:
Charles A. Morel	nead, III, Esq. ity Drive, Suite 2	<u>Sam</u>	ne .
Plantation, FL			
(The Limited Liability Cobusiness entity with an a		wn Registered A	ce, & Registered Agent's Signature: gent. You must designate an individual or another ered agent are:
	Charles A. Moreh	nead, III, Name	Esq.
	1333 S. Universi	ty Drive,	Suite 201
	Florida s	treet address (I	P.O. Box NOT acceptable)
	Plantation	FL	33324
		City, State, and	d 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)

(CONTINUED)
Page 1 of 2

SECRETARY BESIATE OF THE SECRETARY BESIATE OF THE SECRETARY OF THE SECRETA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MCD.		
MGR	P.O. Box 2086	
	Barlow, FL 33831	
		
 		
		-
(Use attachment if necessary)		
LE V: Effective date, if other than	the date of filing: 3/3/10	(OPTIONA
fective date is listed, the date mus	st be specific and cannot be more th	nan five business day

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.)

Charles A. Morehead, III, Esq.

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)