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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)		
(Cooling in the interpretation)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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EFFECTIVE DATE 4 5 201 0

B. KOHR

APR 1 3 2010

EXAMINER

DIVISION OF CORPORATION

10 APR -7 AN 8: 1.0



EFFECTIVE DATE 4 5 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2010

CHARLES N. HAYNES 9121 OAKRIDGE ROAD YOUNGSTOWN, FL 32466

SUBJECT: CONSIDER IT DONE, LLC

Ref. Number: W10000017280

P9900014004

We have received your document for CONSIDER IT DONE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 610A00008605

910 A0008953

COVER LETTER

_	ion Section of Corporations		6
SUBJECT:	Junsider Lt Name of Limite	Done, LLC ed Liability Company	PR S
The enclosed Artic	les of Organization and fee(s) are s	submitted for filing.	Ģ.
Please return all co	rrespondence concerning this matt	er to the following:	CTIVE DATE 4/5/201
	<u> Tharles N.</u>	Haynes Name of Person	
	Consider it	$\overline{}$	
	0	,	
	4121 Oakri	age rd.	· · · · · · · · · · · · · · · · · · ·
Hou 	Ingstown, Formacha Cha Cha Cha Cha Cha Cha Cha Cha Cha C	10 rida 30 /State and Zip Code 1 Q Vahoo; Co or future admual report notification)	7466 m
For further information	tion concerning this matter, please	call:	
<u>Charles</u>	Haynes ame of Person	at (850) 597- Area Code & Daytime Tele	- 3 429 phone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fo	\$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	Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 4/5/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
ALWAYS CONSIDER IT DONE, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
9121 Oakridge rd youngstown Florida 3244 SAME				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Christine Haynes				
9121 Oakridgerd Florida street address (P.O. Box NOT acceptable)				
Govingstown FL 32466 City, State, and Zip				
Having been named as registered agent and to accept service of process for the above stated limited				

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 "MGRM" = Managing Member	Name and Address:			
MGRM	Charles N. Haynes 9121 Oakridge ra			
MGRM	Christine L. Haynes 1121 Oakridge ra			
(Use attachment if necessary)	4 - CELL - 1/5/2010 (OPTIONAL)			
ARTICLE V: Effective date, if other than the date of filing: 4/5/20/0. (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior o 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.)				
Christine L. Haynes 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)