## L1000039286

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B. KOHR

APR 1 3 2010

**EXAMINER** 

ON APR 12 AM 11: 06

6572 Crews Vue Loop Lakeland, FL 33813 April 8, 2010

To Whom It May Concern:

Please find enclosed my Articles of Organization for Florida Limited Liability Company along with my check #1541 in the amount of \$160 as follows: \$125 Filing Fee for Articles of Organization and Designation of Registered Agent, \$30 for Certified Copy and \$5 for Certificate of Status.

I am Martha B. Titus and my address is 6572 Crews Vue Loop, Lakeland, FL 33813. My daytime telephone number is 863-899-7641.

Please process my LLC as Martha B. Titus L.L.C.

Thank you.

Sincerely,

Martha B. Titus

enclosures

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	O SOL
The name of the Limited Liability Compa	any is:
The name of the Elimica Elability Compa	~ G
Must end with the words "Limite	any is:  Titus LLC  ad Liability Company, "L.L.C.," or "LLC.")
	5
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6572 Crews Vue Loop	6572 Crews Vue Loop
Lakeland FL 33813	Lakeland FL 33813
The name and the Florida street address of Martha B Titus	
	Name
6572 Crews Vue	e Loop
	reet address (P.O. Box NOT acceptable)
Lakeland	<sub>E1</sub> 33813
	State, and Zip
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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	Martha B Titus
	6572 Crews Vue Loop
	Lakeland, FL 33813
-	
(Use attachment if necessary)	
effective date is listed, the date must l	e date of filing: (OPTIONAL be specific and cannot be more than five business days
0 days after the date of filing.)  REQUIRED SIGNATURE:	
Ç Ç/	at 1 Di
·	of B. Vitus
REQUIRED SIGNATURE:	E. Litus per or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE:  Signature of a member of this document considerations.	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

Filing Fees:

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