10000089474

(Requestor's Name)		
(Address)		
(Address)		
(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



400172933214

04/01/10--01018--018 **160.00

Effective Date 03 127 10

DIVISION OF CORPORATION

T. HAMPTON
APR 1 3 2010

EXAMINER

10-16.36g

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Dr. Cynthia Perry N	Memorial Scholarship, LLC
	Name of Limi	ted Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	Ant	onio S. Magwood
		Name of Person
 		N/A
		Firm/Company
	797	72 Venetian Street
		Address
		amar, FL. 33023
		ty/State and Zip Code
_		5225@yahoo.com for future annual report notification)
For further information	ation concerning this matter, pleas	ee call:
Antonio S. Magwood		_at (786) 709-7357
1	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
□\$125.00 Filing I	Fee \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$155.00 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 Circle Tallahassee, FL 32301



RECEIVED
10 APR 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 2, 2010

ANTONIO S MAGWOOD 7972 VENETIAN ST MIRAMAR, FL 33023

SUBJECT: DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC

Ref. Number: W10000016362

We have received your document for DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC and your check(s) totaling \$160:00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 1, 2010. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00008150

Effective Date 63/27/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Dr. Cynthia Perry Memor			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
503 West Edgwood Avenue	503 West Edgwood Avenue		
Jacksonville, FL. 32208	Jacksonville, FL. 32208		
The name and the Florida street address of the r Antonio S. Mae Name			
7972 Venetian Street			
Florida street address (P.O. Box NOT acceptable)			
Miramar,	FL 33023		
City, Sta	ate, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signature	를 보고 있는 기계		
(CONTI	NOED)		
Daga 1	OT /		

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR David Perry	503 West Edgwood Avenue Jacksonville, FL. 32208		
MGRM Alice Faye Boyd	8048 Virgo Street Jacksonville, FL. 32216		
MGRM Jacqueline Riley	7211 Rhode Island Drive East Jacksonville, FL. 32209		
MGRM Denay Perry	503 West Edgwood Avenue Jacksonville, FL. 32208		
(Use attachment if necessary)	asM		
ARTICLE V: Effective date, if other than the date of filing: March 27,2010 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)			
,	an authorized representative of a member.		
(In accordance with section	608.408(3), Florida Statutes, the execution		

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)

SECRETARY OF STATE OIVISION OF CORPORATIONS

Page 2 of 2

of this document constitutes an affirmation under the penalties of perjury

Antonio S. Magwood

Typed or printed name of signee

ATTACHMENT

ARTICLE IV (Continued)- 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 Tracy B. Magwood	7972 Venetian Street Miramar, FL. 30023
MGRM Antonio Magwood	7972 Venetian Street Miramar, FL. 30023