# 1-100000050524

	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UF	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAY 11 2010

**EXAMINER** 

Office Use Only



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### **COVER LETTER**

TO: Registration			
Division of Co	orporations	- 0 110	0
SUBJECT: EO	ward -	in & LL	•
SUBJECT: _~ C	Name of Limi	ted Liability Company	····
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
Ed	upad S	sins	
		Name of Person	· · · ·
•			
			•
		Firm/Company	
14	Lime St	ont mont,	LELLO 71
		Address	
32	344		
	Cit	ty/State and Zip Code	
n	1A		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
A- 1	0	-111	711
E dw ARC	Joins	at (850) 274 -	1156
Name	of Person	Area Code & Daytime Telep	phone Number
	•		
Enclosed is a check for	or the following amount:	·	
□\$125.00 Filing Fee	<b>□</b> \$130.00 Filing Fee &	■\$155.00 Filing Fee & 💆	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		•	
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section	
	P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Edward Sins	LL.C	
(Must and with the words "I imited Lightlity Com-		_

### **ARTICLE II - Address:**

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name
14. Lime Store
Florida street address (P.O. Box NOT acceptable)
MONTICHE 71 32344
City, State, and Zip

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

# Title: "MGR" = Manager "MGRM" = Managing Member MGRM. FAWAN STONE 14- LIME STONE MONTICLE V: Effective date, if other than the date of filing: (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.)

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

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

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.)

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)