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(Requestor's Name) (Address) (Address)	400181019784
(City/State/Zip/Phone #)	05/21/1001008018 **130.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 10 HAY 21 AM 8:55 FALLAHASSEE, FLORIDA

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D. BRUCE MAY 25 2010 EXAMINER

۱. · • ••• 1 . **COVER LETTER** TO: **Registration Section Division of Corporations** SUBJECT: Name of Limited Liability Compan The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address Ø City/State and Zip cena Concas ÷ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AM 8:55 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee **\$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 **Registration Section**

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

2.1.1

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.F 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:

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Tackson	ville	Pl.	37510	

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 unother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:	AHA SO	MAY 21	
3046 Late Shore Boulevard	- Co	AH	
Florida street address (P.O. Box <u>NOT</u> acceptable) JUCKSONJIC, FL 32210 City, State, and Zip	N. C.	2. 7. 7.	U

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.

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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:

Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM___

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(Use attachment if necessary)

ARTICLE 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.)

REQUIRED SIGNATURE:		10	
Marguer 1.1 Pucell		HAY ;	times may
Signature of a member or an authorized representative of a member.	0322 177	21	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penahies of perjury		ЯM	ī īg
that the facts stated herein are true.)	and it is an	n So	J
Typed or printed name of signee		57 カ	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)