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S. HAWKES

MAY 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Terrance L. Daven port "LLC." Name of Limited Liability Company
Name of Elittled Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie of Person
Terrance L. Davenport "L.C."
·
119 Second Street S.E. Address
Address
Ft. Walton bch FL. 32548
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terrance L. Davenport at (850) 225 4986 Name of Person Area Code & Daytime Telephone Number
Carlesed is a short for the following amount.
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	0 数 27
Terrance L. Davenort (Must end with the words "Limited Liabilia	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
119 Second Street S.W. Apt. D. At Walton Buh FL. 32548	119 SecondStreet S.W. Apt D: H Walten Beh PL. 32548
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:

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:

Terrance L. Davenport

Name

119 Second Street 5.W. April

Florida street address (P.O. Box NOT acceptable)

G. WAHON BCh

City, State, and Zip

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" = Man		Name and Address:
MGKM - M	anaging Member	Terrance L. Davenport 119 Second Street S.W. April Ft Walton Bub FL. 32548
		27 PH 3:
(Use attachmer	nt if necessary)	
ICLE V: Effective date is 1900 days after the	e date, if other than the listed, the date must be date of filing.)	
CLE V: Effective	e date, if other than the listed, the date must be date of filing.)	
ICLE V: Effective of the second of the secon	e date, if other than the listed, the date must be date of filing.) SIGNATURE:	date of filing: 5-30-10 (OPTIONAL) e specific and cannot be more than five business days properties of a member.
ICLE V: Effective date is 1900 days after the	e date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)

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)

130.00 Page 2 of 2