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| (Re                                     | equestor's Name)  | <u> </u> |
|---|-------------------|----------|
| (Ad                                     | ldress)           |          |
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| (Cit                                    | ty/State/Zip/Phon | e #)     |
| PICK-UP                                 | ☐ WAIT            | MAIL     |
| (Bu                                     | siness Entity Nar | ne)      |
| (Do                                     | cument Number)    |          |
| Certified Copies                        |                   |          |
| Special Instructions to Filing Officer: |                   |          |
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TALLAHASSEE, FLORIDA

T. CLINE

JUL 1 2 2010

**EXAMINER** 

## **COVER LETTER**

| TO:     | Registration Se<br>Division of Cor |   | ,  |  |  |
|---------|------------------------------------|---|--|--|--|
| SUBJI   | ECT:                               | Aperl King<br>(Name of Limited  | DemoL Fran Serve<br>I Liability Company)   | vice LLC   |  |
| The en  | closed Articles of                 | Organization and fee(s) are su  | bmitted for filing.  |  |  |
| Please  | return all correspo                | ondence concerning this matter  | to the following:  |  |  |
|         |                                    | A   | Pail King  Name of Person)   |  |  |
|         |                                    | , ·   | _  |  |  |
|         | April King DEmoLition SERVICES     |   |  |  |  |
|         |                                    | •   |  | St i   |  |
|         |                                    | 1500 Calmi  | ng WATER DR Uni<br>(Address)   | 7 /10/   |  |
|         |                                    | <i>=</i> 1  | Stand Flonida State and Zip Code)  | 22Hú<br>TALLI  |  |
|         |                                    | F/cm.ng f<br>(City/   | State and Zip Code)  | T = 1  |  |
| For fur | ther information o                 | concerning this matter, please of   | eall:  | -9 ARY OF  |  |
|         | April (Name                        | And of Person)  | at ( <u><b>884</b></u> ) <u>914-13</u><br>(Area Code & Daytime Tel   | 53/ PENDER Number)   |  |
|         | (i tallie                          | 57 T C135/11)   | ( 3500 00 24)  | ور (۱۳۰۰-۱۳۰۰  |  |
| Enclos  | ed is a check fo                   | r the following amount:   |  |  |  |
| ☐ \$125 | 5.00 Filing Fee                    | \$130.00 Filing Fee & Certificate of Status   | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301 | s  |  |

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:  |  |
|--|--|
| (Must end with the words "Limited Liability Company, "Limited  | Services, LLC Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of the prin   | cipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 1500 Calming Walse De Und 1101<br>Fleming Island Fla. 3203   | 1500 Calming WATER DR. UNIT 1101<br>Fleoring FELAND Flu. 32003   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration. | ed Agent. You must designate an individual or another  |
| April Name   | RETARY OF STANSEE, FLORE   |
| - 1500 CG/m/19 W<br>Florida street addre   | ess (P.O. Box NOT acceptable)  |
| Fleming Island City, State, and  | <u>FL 32003</u><br>d Zip   |
| iability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete  | ecept service of process for the above stated limited is certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S. |

Registered Reent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** Signature of a member of 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.)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)