## L100000 7379

(Requestor's Name)
(Address)
(Address)
( Nan-SES)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Degument Number)
(Document Number)
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Special Instructions to Filing Officer:

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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: William Pascoo 646 Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Pascot
Firm/Company
72 Joë mack smith RD
Panacea FL 32346 City/State and Zip Code
William - PSC @ YAkes, com 55 0 F
For further information concerning this matter, please call:
William Payor at (850) CC1. C379 The 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)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

The mailing address and street address o  Principal Office Address:	of the principal office of the Limited Liability Compa  Mailing Address:	ny is:
Timepar Office Address.	Maning Address.	
72 SOE MICK Smith RD Panacou FL 32346	Same	
19,4724 12 30376	**************************************	
	<del>, , ,</del>	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	vistered Office, & Registered Agent's Separature was Registered Agent. You must designate an individual or another than the second seco	and a
(The Limited Liability Company cannot serve as its or	wn Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	of the registered agent are:	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address and th	of the registered agent are:	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	William Pasion 72 Toc myck smith R Pangier FL 32346	77		
(Use attachment if necessary)				
	n the date of filing: (our state of filing: (our state of filing:)			rior
REQUIRED SIGNATURE:		SECRE TALLAH	10 JU	owym)
Signature of a mo	ember or an authorized representative of a member.	TARY IASSE	13	
(In accordance wi	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)	TARY OF STATE LASSEE, FLORIDA	M & 10	MO
	VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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

\$125.00 Filing Fee for Articles of Organization and Designation

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