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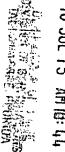
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C. LEWIS

JUL 1 5 2010

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ЕСТ:	Midnight n Name of Limited	<u>Nadness</u> LLC Liability Company	
The en	closed Articles o	f Organization and fee(s) are sub	omitted for filing.	
Please	return all corresp	condence concerning this matter	to the following:	
	<i>L</i>	1sa nicole	Bryan +	
		Midnight Ma	dness ((C	
	S	584 Tower W	Poods Trail	
		Ilahassee Fity/s	F1 8203 tate and Zip Code	
	AR (	E-mail address: (to be used for the	future annual report notification)	
For fur		concerning this matter, please ca		
<u>                                     </u>	- LSA Name	OF Person	t ( 250 ) 590 · T Area Code & Daytime Telep	7405 Shone Number
Enclos	sed is a check for	or the following amount:		
□\$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	1\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIDNIGHT MADNESS LIMITED LABILITY COMPAN
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5584 TOWER WOODS TRAIL TALLAHASSEE, FL 3203 TALLAHASSEE, FL 32303
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 officiency business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    JACKIE DENNETT   Name   Name

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

The na	me and address	of each Manager	ing Member(s): or Managing Memb	er is as follows: )	10 ML 15 SECKETARY ALLAHASSEL	LE AMA
Myk	M = Mausama	Member MEMBE	100	1 TOWER HASSEE, FC	Woods 32303	Te
M	<u>anagi</u> Do	à MEMBE	JACKII 3072 A Tallahass	J Fulmer	METT Circle 303	
•	ttachment if nece	- ·			<del></del>	
TICLE V: an effective	Effective date, if date is listed, the fter the date of f	other than the da e date must be spiling)	te of filing:	pe more than five	. (OPTIONAL) business days	) prior

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.)

Jackie L. Bennett
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)