L10000082050

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Susan Daugher
ALTHORIZATION BY PHONE TO
DORRECT Sullie to be L.L.C.
DATE 08/05/10 @ 10:58 AM
DOC. EXAM & Brica

Office Use Only



000183341930

Effective Date 08/01/10

08/04/10--01018--007 **160.00

FILED

10 AUG -4 AM 11:54
SECRETARY OF STATE
SECRET

J. BRYAN

AUG -5 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
suвјест: Daugh		Liability Company, L.L.C." ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	100
Steve Daugh	nerty		
		Name of Person	B-4 MII: 54
Daugherty Ir	surance		
		Firm/Company	087
2829 Brigata	Way		P
		Address	
Ocoee Fl 34	761		
		ty/State and Zip Code	
daugherty112	2@earthlink.net F-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas		
Steve Daugherty		_at (_407)877-0768	
Name	e of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check t	for the following amount:		,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$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	Street/Courier Address Registration Section Division of Corporation	s

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

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

	ORGANIZATION FOR	R FLORIDA LIMITED LI	
ARTICLE I - N	ame:		
The name of the	Limited Liability Company	is:	SS F C
			新军 基
Daugherty Inst	urance L.L.C.		LAMASSEE, FLORID
		iability Company, "L.L.C.," or "LLC	
			P
ARTICLE II - A			
the mailing addr	ess and street address of the	e principal office of the Lim	ited Liability Company is:
Principal Office	Address:	Mailing Address:	Description Day of a state
			Effective Date 08/0///
2829 Brigata Way		2829 Brigata Way	, ,
Ocoee FI		Ocoee FI	
		Ocoee FI 34761	
ARTICLE III - (The Limited Liability business entity with a		34761 ered Office, & Registered Agent. You must designate	
ARTICLE III - (The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.)	34761 ered Office, & Registered A legistered Agent. You must designate the registered agent are:	
Occee FI 34761 ARTICLE III - I (The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) Florida street address of the Steven Mark Daugherty	34761 ered Office, & Registered A legistered Agent. You must designate the registered agent are:	
Occee FI 34761 ARTICLE III - I (The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) Florida street address of the Steven Mark Daugherty Na	34761 ered Office, & Registered A degistered Agent. You must designate the registered agent are:	
Occee FI 34761 ARTICLE III - I (The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) E Florida street address of the Steven Mark Daugherty Na 2829 Brigata Way	34761 ered Office, & Registered A degistered Agent. You must designate the registered agent are:	an individual or another
ARTICLE III - (The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) E Florida street address of the Steven Mark Daugherty Na 2829 Brigata Way	34761 ered Office, & Registered A degistered Agent. You must designate the registered agent are: y me	an individual or another

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REØUIRED)

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..

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Manager Steven Mark Daugherty 2829 Brigata Way Ocoee FL 34761 (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:**

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

Typed or printed name of signee

Filing Fees:

Steven Mark Daugherty

that the facts stated herein are true.)