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(Requestor's Name)
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C. LEWIS

AUG 1 7 2010

EXAMINER

COVER LETTER

Division of Corporations	A 1
SUBJECT: Sý Artist MAWAG Name of	JEMEN D Limited Liability Company
The enclosed Articles of Organization and fee	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
MARY A. penningto	Name of Person
Si artist MANAGE	Ment Firm/Company
102 E. Coupen hal	Address Rd
Hawthorne FL 326	City/State and Zip Code
admin 2010 @ din	
For further information concerning this matter,	
MACY A. Dennington Name of Person	at (352) 481-0199 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	ant:
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of State	
Mailing Address Registration Section Division of Corpora	Street/Courier Address Registration Section tions Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sj Artist MANAGEMEND LL (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
102 E. COWDEN IN he point Rd. HAWTHERE FL32640	Po box 1173 HAWTROCNE FL 3264B
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
MARY A. Perwinto	gistered agent are:
102 E. Coupen lake	Point Rd.
HAW HOONE City, State	FL 32L040 e. 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

FILED

The name and addr	.nager(s) or Managing Member(s): ess of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ing Member	"SEGRE. TABLEAH)	ARY ASSE	OF STATI E. FLORI
MgR	MARY a Dennington 102 E Caupen Lake Po HAWTHORNE FL 3210	ointo Ral		
(Use attachment if	necessary)			
CLE V: Effective date is listed of the date of the dat	J,	(OPTIO	NAL days) prior
į Si	Move Q. Pones an authorized representative of a	member.		
0:	n accordance with section 608.408(3), Florida Statutes, the ex this document constitutes an affirmation under the penalties of at the facts stated herein are true.)	ecution of perjury		
K	ORCY A. PRINTING DA 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)