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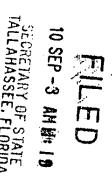
(Requestor's Name)	
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Special Instructions to Filing Officer:	
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D. BRUCE

SEP 07 2010

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

, Division of Co	rporations		
SUBJECT:	SA Retail I	NS tallations L	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
RL	Ogle		
	J	Name of Person	
		Firm/Company	
~			
5/03	5 W 140 A	Address	<del></del>
			O SE
<u>Ocale</u>	a, FL 3448	y/State and Zip Code  n barg mail. Com  for future annual report notification)	ASA T
	Cit	y/State and Zip Code	MA - CO
	SE-mail address: (to be used	or future annual report notification)	
			SEA TO
For further information (	concerning this matter, please	e call:	<b>S</b> m
RL Ogle	•	at ( 352 ) 622 - C	1103
Name o	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check fo	r 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 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:				
11. 4 0 1 1 7 1 1	14. 11/			
(Must end with the words "Limited Liabili	ations L.L.C.			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ADTICLE IS A James				
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Driveinal Office Addresse	Mailing Address			
Principal Office Address:	Mailing Address:			
5105 542 1410 AVE	5105 SW 140AUF			
5105 SW 140 AVE Ocala, FL 34481	5105 SW 140 AUC Ocala, FL 34481			
<del></del>				
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
(The Limited Liability Company cannot serve as its own Registe				
business entity with an active Florida registration.)	<b>≥</b> os			
The name and the Florida street address of the re	raistored egent are:			
KL Og le	ASSET ASSET			
Name	SEX CO.			
5105 SW 14	O AVE			
Florida street address (P.O. Box NOT acceptable)				

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 name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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 that the facts stated herein are true.) Typed or printed name of signee Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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