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SEGNANGESEE FLORIDA

J. BRYAN

OCT 13 2010

EXAMINER

COVER LETTER

TO: Registration: Division of Co			
SUBJECT:	Sler Lanc Name of Limi	Clearing LL ited Liability Company	<u>C</u>
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Everet	SeSler Name of Person	
	Sesler	Land Clearin	g LLC
	1076	Piercewood	PT
	Brooks	Suille, Florida ity/State and Zip Code	34602 ELE 3:38
	E-mail address: (to be used	for future annual report notification)	2 1
For further information	concerning this matter, please	se call:	PH 3
Mary	Sesler	at (<u>352</u>) <u>799</u> Area Code & Daytime Telep	5588 Shone Number
Enclosed is a check f	or 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	Street/Courier Address Registration Section	

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

the second secon			
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:			
Sesler Land Clearing LLC. (Must end with the words "Limited Liability Company, "L.L.C.," on "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
1076 Piercewood PT 1076 Piercewood PT Brooksville, FL 34607 Brooksville, FL 34607			
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 or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Effective Date 01 01 2011			
Everet Seslet			
1076 Pierce 1000 d PT Florida street address (P.O. Box NOT acceptable)			
Brooksville, FL 34602			

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

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Michael Sesler 1076 Fiercewood PT Brooksville, FL 34602
<u></u>	PILED 3: 3
	Signal Si
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and camplot be more than five business days prior
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.)

Everett Sesler

. .

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)