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. ((Requestor's Name)	
	(Address)	
((Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT M	AIL
(Business Entity Name)	
	(Document Number)	
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Certified Copies	Certificates of Status _	
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S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration of	n Section Corporations		
SURJE	cr. Tri	County Enterpris	ses LLC	
50.002			ted Liability Company	
The end	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please 1	return all corr	espondence concerning this mat	ter to the following:	
	Gary F	alconer		
			Name of Person	
-			Firm/Company	_
	12253	SÈ 72nd Ter Rd	TimeCompany	
-	12200	SE /Zilu Tel Ru	Address	_
Ε	3ellevie	w, FL 34420-4637	,	
-		Ci	ty/State and Zip Code	_
<u>!</u>	gfalcone	r@hotmail.com	for future annual report notification)	
For furt	her informati	on concerning this matter, pleas		
Gary	Falcone	er	at (352) 566-8554	
	Na	me of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIIC	ᄔᄔ	- 1	ame:
The nam	e of	the	Limit

ted Liability Company is:

THE COUNTY ENGOIDED LEG	Tri	County	Enter	prises	Ll	$_{C}$
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(Must end with the words "Limited Liability Company, "L.L.C.," or "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:		
12253 SE 72nd Terrace Rd	12253 SE 72nd Terrace Rd		
Belleview, FL 34420-4637	Belleview, FL 34420-4637		
	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:		
Gary Falconer			
	Name P		
12253 SE 72nd Terrace Rd			
Florida st	Terrace Rd reet address (P.O. Box NOT acceptable)		
Belleview	FL 34420-4637		
	City, State, 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..

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Gary Falconer 12253 SE 72nd Ter Rd Belleview, FL 34420-4637 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Garv W Falconer 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)