40000120925

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

NOV 20 2010

EXAMINER

Office Use Only



900187856769

11/22/10--01024--010 **125.00

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

RECEIVED

10 NOV 22 AM W: 34

o vov 22 At W: 3

COVER LETTER

Division of	Corporations		
SUBJECT:	A TaZeonne	Production	
	Name of Limited	Liability Company	***************************************
The enclosed Article	es of Organization and fee(s) are su	omitted for filing.	
Please return all corn	respondence concerning this matter	to the following:	
	Yvett	e S. Stucks	
	N	ame of Person	
	F	irm/Company	10 Mdy 22 ALL AHASS
	2414 N	lexia Avenue	
		Address	E TLORI
	Tallahasse	e, Florida 32304	0821
		tate and Zip Code	72
		fuction@gmail.com	
For further informati	ion concerning this matter, please c	-	
Yvette S. Stud	:ks	_{t (} 850 <u>459-7023</u>	3
Na	me of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	k for the following amount:		
	[]\$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 Addres Registration Section	<u>s</u>
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ns
	Tallahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
A TaZeonne Pro	
(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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2414 Mexia Avenue	P.O. Box 2546
Tallahassee, Florida 32304	Tallahassee, FL 32316
Name 24/4 Mexica Florida street addit Sallahassee City, State Having been named as registered agent and to a	ress (P.O. Box NOT acceptable) FL 32304 te, and Zip rest Agent. You must designate an individual or another another accept service of process for the above stated limited
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Mem	iber
100.00	元公 7 2 3
MGRM	Yvette S. Stucks
	2414 Mexia Avenue Tallahassee, FL 32304
	1 dilailassee, FL 32304
	S
	St.
	
	
Use attachment if necessary	a)
ose anaemient it necessary	,
EV: Effective date, if othe	r than the date of filing: January 1, 2011 (OPTION
ective date is listed, the dat	e must be specific and cannot be more than five business d
lays after the date of filing	
lays after the date of filing	,
lays after the date of filing	,
days after the date of filing REQUIRED SIGNATURE	
REQUIRED SIGNATURE	ette S. Stucks
REQUIRED SIGNATURE	
REQUIRED SIGNATURE	f a member or an authorized representative of a member.
Signature of the constitutes an affirm	ette S. Stucks

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)