L1000121447

(Requestor's Name)
(Address)
(1000-107)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2010 NOV 22 AN 10: 35

C. LEWIS NOV 2 3 2010 EXAMINER

COVER LETTER

	tegistration Section of Corp		ę.	
SUBJECT	r: <u>Je</u>	remy Sm Nime of Limit	ed Liability Company	•
The enclos	sed Articles of O	rganization and fee(s) are	submitted for filing.	
Please retu	ırn all correspon	dence concerning this mat	ter to the following:	
	Jeren	my Deven	Name of Person	
	Jere	umy Smit	Firm/Company	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	46 le	man Twis	Address Address	·····
	Pork C	Drange, Florici	ricla 32129 ty/State and Zip Code	
	10-1	Fimpeu Co E-mail address: (to be used	for filture annual report notification)	
For further	r information co	ncerning this matter, please	e call:	
Je	Name of	Smith Person	at (407) 761- Area Code & Daytime Tele	5152 ephone Number
Enclosed	is a check for t	he following amount:		
 \$ 125.00 Fi	ling 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIICL	11: I -	Na	me	::
The name	ofth	ne I	im	i

name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Holeman Thist lane Part Orange, Florida 32129	46 Lemon Twist, Lone Part Orange, Florida 30129
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
_ Jeremu Smit	4
Name	22 PASSE
46 Lemon Tu	ress (P.O. Box NOT acceptable)
Florida street add	
Hart Orome City Sta	FL 32/39 50 50 50 50 50 50 50 50 50 50 50 50 50

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		follows	
Title: "MGR" = Manager	Name and Address:	2010 NOV 22	
"MGRM" = Managing Member		TALLAHASSE	E.FLC
	Jeremy 5m yle Lemon Ti Port Drange, FL	ith vistlan 32129	•
		March College Control of the College C	
(Use attachment if necessary)			
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.)	date of filing:specific and cannot be more than five	(OPTIONAL business days) prior
REOUIRED SIGNATURE:			
REQUIRED SIGNATURE:	an authorized representative of a memb	er.	
Signature of a member (In accordance with section 608.4 constitutes an affirmation under I am aware that any false information in the section of the sectio	an authorized representative of a member and authorized representative of a member at the penalties of perjury that the facts stated he ation submitted in a document to the Departm as provided for in s.817.155, F.S.)	document rein are true.	
Signature of a member (In accordance with section 608.4 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	408(3), Florida Statutes, the execution of this of the penalties of perjury that the facts stated he ation submitted in a document to the Departm	document rein are true.	

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