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COVER LETTER

Division of Corporations	
SUBJECT: THE PROMISSED (AND ZNTOBNATZONAL
Name of Limit	led Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
AL OI ZW GIZZI	Licu
	Name of Person
THO PROMISON)	LAND ZNTONNA TZONAL Firm/Company
	Firm/Company
4905 34 ⁷¹⁺ 57,	Address
	Address
57. AFTERSAUAL	1 FZ 3371/
Cit	y/State and Zip Code
+ he prom land a E-mail address: (to be used	y/FL 3371/ y/State and Zip Code O 4 h h o com for future annual report notification)
For further information concerning this matter, please	
AL GRAHAM Name of Person	at (<u>850</u>) <u>322-4040</u> Area Code & Daytime Telephone Number
, <u> </u>	, , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

I AM THE OWNER OF THIS CONFORM TON THE PROMISON - THE PROMISON LAND ZNUTHANATIONAL ZNC. I GIVE CONSONT FOR YOUS ZNOWARDEN TO BE CHANGED TO PROMISON LAND ZNIGHNATIONAL LLC.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
THE PROMISON (AM) ZWIGHT (Must end with the words "Limited Liability	INA 7ZONAL LLC Ty Company, "L.L.C.," or "LI.C.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	iability C	Compa	any is
Principal Office Address:	Mailing Address:			
4905 3474 571667 5047H #318 57, POTESSAURG, FL 33711	PODE BOX 17127 CLAMWA 754, FL 3374	2		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's red Agent. You must designate an indiv	s Signati idual or and	re: other	
The name and the Florida street address of the re	gistered agent are:			
ZNGATO RICH	£			
4905 347# 578667	ress (P.O. Box NOT acceptable)			
57, W TONS BURG, 17 City, State	e, and Zip			•
Having been named as registered agent and to a 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- accept the obligations of my position as regist	is certificate, I hereby accept the I further agree to comply with formance of my duties, and I are	ne appoin 1 the prov 11 familia	itmeni vision; r with	t as s of al n and
Registered Agent's Signatu	re(REQUIRED)			
(CONTINU	JED)	SEOKL MI ALLAHAS	10 NOV 30	
Page 1 of 2		RY SEL	0	Seminent Comment

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
INGOW NZGI MGRM	4905 347H STAUST SOUTH #314 5718670ASAULG, 17 33711
ALFIGS GRAWM HGAM	4905 3474 57NFF7 SM7H # 318 57,1678M5BUNG, FL 33711
OUZE MCBARDE_MGAM	4905 3474 571457 SOUTH #318
(Use attachment if necessary)	
	the date of filing: ///25//0
REQUIRED SIGNATURE:	

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.)

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

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)