

DE 8. 2010 4:11PM

KANETSKYMOOREDEBOER

NO. 1569 P.

Page 1 of 1

**L10 0000126095**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Account Number : 075350000267  
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**FLORIDA LIMITED LIABILITY CO.  
Elizabeth Parker LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA  
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**G. MCLEOD**

DEC - 9 2010

**EXAMINER**

H10000264042

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Elizabeth Parker LLC

(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:**

20 Inlets Blvd  
Nokomis FL 34275

20 Inlets Blvd  
Nokomis FL 34275

**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:

Elizabeth Nurick  
Name

20 Inlets Blvd  
Florida street address (P.O. Box **NOT** acceptable)  
Nokomis FL 34275  
City, State, and Zip

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*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..*

Elizabeth Nurick  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

THIS INSTRUMENT PREPARED BY  
Erik R. Lieberman  
Attorney At Law  
P.O. Box 178701  
Venice, Florida 34284-1767  
(941) 486-1671  
Fla. Bar #393053

H10000264042

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Elizabeth Nurick

20 Inlets Blvd

Nokomis FL 34275

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

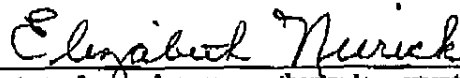
\_\_\_\_\_

(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.)

Elizabeth Nurick

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)**

THIS INSTRUMENT PREPARED BY  
Erk R. Lieberman  
Attorney At Law  
P.O. Box 176701  
Venice, Florida 34284-1767  
(941) 466-1571  
Fla. Bar #393053