# L1100000 2894

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PICK-UP WAIT MAIL
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Effective Date 12-27-10

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2011 JAN -6 PM 1: 36

J. SAULSBERRY EXAMINER JAN 7 2011

# **COVER LETTER**

TO:	Registration Division of	n Section Corporations			
SUBJI	<sub>ECT</sub> . Josi	e's Enterprises, LL	С		
Name of Limited Liability Company					
The en	closed Article	s of Organization and fee(s) are	submitted for filing.		
Please	return all corre	espondence concerning this matt	ter to the following:		
	Josefin	a Santa-Ramos	N. Ch.	<u>-</u>	
	1	5-A	Name of Person		
	Josie's	Enterprises, LLC			···
			Firm/Company		
	1125 S.	W. 123rd Place		F	201
			Address		<u>_</u> "~
	Ocala, Fl	34473		7	JAN -6
		Cit	y/State and Zip Code	170	ţ
	jsramos14	4@aol.com		2 C10 -42 E4-	PH
	-		for future annual report notification)	馬瓦	**
For fu	rther informati	on concerning this matter, please	e call:	jaling yang Ngay	36
Jose	efina Santa		at (352 ) 653-0488		
	Na	me of Person	Area Code & Daytime Telephone No	umber	-
Enclo	sed is a checl	c for the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	.00 Filing In ficate of State Copy is e	atus &
		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

ARTICLE I - Name: The name of the Limit	: ted Liability Company is:		
Josie's Enterp	orises, LLC		
	end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	<del>-</del>
ARTICLE II - Address a		ncipal office of the Limited Liability	Company is:
Principal Office Add	lress:	Mailing Address:	_
1125 S.W. 123rd Place Ocala, FL 34473		1125 S.W. 123rd Place Ocala, FL 34473	7011 JA
00010,112 01110	· · · · · · · · · · · · · · · · · · ·	P	
(The Limited Liability Comp business entity with an activ	oany cannot serve as its own Register	Office, & Registered Agent's Signal red Agent. You must designate an individual or a gistered agent are:	ture: Protection 1:36
_ <u>J</u> .	osefina Santa-Ramos		
Name			
1	125 S.W. 123rd F	Place	
_	Florida street addre	ess (P.O. Box NOT acceptable)	
0	cala	<sub>FL</sub> 34473	
	City, State	e, and Zip	
liability company registered agent and statutes relating to t	at the place designated in the agree to act in this capacity. the proper and complete perj	ccept service of process for the above s is certificate, I hereby accept the appo I further agree to comply with the pr formance of my duties, and I am famil ered agent as provided for in Chapter	intment as ovisions of all iar with and

(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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Josefina Santa-Ramos	
	1125 S.W. 123rd Place	
	Ocala, FL 34473	
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		<u>.</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 27, 2010 (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.)

## Josefina Santa-Ramos

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)