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B. BOSTICK

JAN 1 4 2011

EXAMINER

# **COVER LETTER**

TO:

то:	Registratio Division of	n Section Corporations		
SUBJE	ECT: Sn	eakDaisy, LLC	d Liability Commons	
		Name of Limited	d Liability Company	
The en	closed Article	s of Organization and fee(s) are so	abmitted for filing.	
Please	return all corr	espondence concerning this matte	r to the following:	
	David	M. Sousa		
	Daviu		Name of Person	
			Firm/Company	
	0004 N	M 00 044		
	8391 N	W 28 Street	Address	
			Address	Alia Alia
	Sunrise,	FL 33322		
		City	/State and Zip Code	0/2
	sneakers	sfox88@yahoo.com		7
		E-mail address: (to be used to	or future annual report notification)	25.5
For fur	rther informati	on concerning this matter, please	call:	3:4: LORID
Jaye	e Sousa		at (954 ) 761-2938	A 9
		me of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a checl	k for the following amount:		
\$125.00	0 Filing 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)
	ŧ.	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 Ci Tallahassee, FL 32301	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	sy, LLC		<u> </u>	
(1	Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addr		of the principal office of the Limited Li	iability Compar	ny is:
Principal Office	Address:	Mailing Address:		
8391 N.W. 28 Str	eet	8391 N.W. 28 Street		
Sunrise, FL 3332	2	Sunrise, FL 33322		
•	n active Florida registration.) e Florida street address David M. Sousa	of the registered agent are:	11 JAH 13 PH	The state of the s
	8391 NW 28	3 Street	1 " ( )	5
		Street address (P.O. Box NOT acceptable)	1 3: 49 FLORIDA	S
	Florida	3 Street	1 " ( )	B

(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:

ACDM	B 11461 10	
MGRM	David Michael Sousa	
	8391 NW 28 Street	
	Surnise, FL 33322	
MGR	Norma Jean Sousa	
	8391 NW 28 Street	
	Sunrise, FL 33322	
<del></del>		
	A. 1.0	
		<u></u>
	(6) (4)	
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		<u> </u>
(Use attachment if necessary)	r	့
	<u> </u>	ഗ
LE V: Effective date, if other than th	ne date of filing:	KOIT

**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.)

### David Michael Sousa

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)