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**EXAMINER** 



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

· <del></del>
TO: Registration Section Division of Corporations
SUBJECT: F. DO Scruces L.C.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
François Oppermen
, Italia of Follow
FDO Services
Firm/Company
25924 Risen Stor Or
roui css
mesley Chapel FL 33544 City/State and Zip Code
Francois oppernum @ yahoo. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
François Operman at 813 892 7178  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certificate of Status & Certified Copy  (additional copy is enclosed)

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

The name of the Limited Liability Company is:
FDO Services LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
75924 Risen Star Dr Westey Chapel Fl. 33544
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:
Francois Oppermen  Name  Francois Oppermen  Name
Florida street address (P.O. Box NOT acceptable)
Wesley Orapu FL 33544  City, State, and Zip
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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana <sub>!</sub> "MGRM" = Mar		Name and Address:	
MGR		François Oppermen 25924 Risen Star Or Wesley Chappel FL. 3	
MGRM	_	François Oppermen	 
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LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must late of filing.)	e date of filing: (OP be specific and cannot be more than five busin	TION ness da
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)