Division of Corporations Electronic Filing Cover Sheet

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(((H11000036392 3)))



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Division of Corporations

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### FLORIDA LIMITED LIABILITY CO. EAGLE RUN ENTERPRISES, LLC

Certificate of Status

Certified Copy

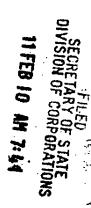
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Electronic Filing Menu

Corporate Filing Menu

EXAMINER

# H11000036392

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

ARTICLES OF ORGANIZA	TRON FOR FLORIDA LIMITED LIABILATI COMPANI
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:
EAGLE RUN ENTA	ENPRISES LLC words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must sind with the V	words "Lindied Liability Company, E.C., or EEC. )
ARTICLE II - Address: The mailing address and street:	address of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Z453 EAGLE RUN DR. WESTON, FC 333Z7	SAME
business entity with an active Florida requirement and the Florida street	t address of the registered agent are:
	Name
	3 EAGLE RUN On.  Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable)
WEST	City, State, and Zip
Having been named as register liability company at the plac registered agent and agree to a statutes relating to the proper accept the obligations of my	red agent and to accept service of process for the above stated limited ce designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all and complete performance of my dutles, and I am familiar with and position as registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE DIVISION OF CORPORATION

#### 3052201440

## H11000036392

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGRM	SHANNON SCHELL 2453 EAGLERON DA. WESTON, FC 33327
MGRM	FRANK MARRERO 2485 EAGLE RUN DR. WESTON, FL 33327
(Use attachment if necessar FICLE V: Effective date, if oth n effective date is listed, the da 90 days after the date of filing	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days price
REQUIRED SIGNATUR	E:
Signature	of a member or an authorized representative of a member.
(In accordance with constitutes an affirm I am aware that any	h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
Filing Foos:	Typed or printed name of signee

of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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