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Office Use Only



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T. CLINE
FRENCE 2011
EXAMINER

2011 FEB | 4 PM |: 30 SECRETARY OF STATE

## **COVER LETTER**

TO:		tion Section of Corporations		
SUBJI	ECT:	Antique Connector, LLC		
		Name of Limit	cd Liability Company	<del></del>
The en	closed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please	return all co	orrespondence concerning this mat	ter to the following:	
		Lorene Halverson		•
			Name of Person	
			Firm/Company	
		5770 Hidden Oaks Lane	,	
			Address	
,		Naples, FL 34119		
		Cit	y/State and Zip Code	
		antiqueconnector@aol.com	n for future annual report notification)	
Far for	ahan inform	•		
roi iui	thei mionia	ation concerning this matter, pleas		
		Halverson	_at ( 239 ) 784-1039	
	ŀ	Name of Person	Area Code & Daytime Telephone Number	EB -
Enclos	ed is a che	eck for the following amount:		SHOT F
	Filing Fe	e \$130.00 Filing Fee &	\$155.00 Filing Fee & X \$160.00 Fi	ling-Fee,
		Certificate of Status	(additional copy is enclosed) Certified C	of Status & Copy Copy is enclosed)
		Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company, "L.L.C.," or "LLC.")		•	
incipal office of the Limited Lia	bility Con	npany i	is:
Mailing Address:			
5770 Hidden Oaks Lane			
Naples, FL 34119			
son	CRETARY	FEB 14	engineer Eighter
Lane	ان المارات المارات		gwer g (
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his certificate, I hereby accept the y. I further agree to comply with a formance of my duties, and I am stered agent as provided for in Clube Complete (REQUIRED) erson	e appointm the provisi familiar v	ent as ions of c vith and	all
	ity Company, "L.L.C.," or "LLC.")  incipal office of the Limited Lia  Mailing Address:  5770 Hidden Oaks Lane Naples, FL 34119  Office, & Registered Agent's aread Agent. You must designate an individual egistered agent are:  son  Lane lress (P.O. Box NOT acceptable)  FL 34119  atc, and Zip  accept service of process for the achis certificate, I hereby accept the formance of my duties, and I am stered agent as provided for in Circles	incipal office of the Limited Liability Con  Mailing Address:  5770 Hidden Oaks Lane Naples, FL 34119  Office, & Registered Agent's Signature and individual or another degistered agent are:  Son  School Sc	incipal office of the Limited Liability Company in Mailing Address:  5770 Hidden Oaks Lane Naples, FL 34119  Coffice, & Registered Agent's Signature:  tered Agent. You must designate an individual or another  registered agent are:  Son  School Box NOT acceptable)  FL 34119  Incept service of process for the above stated limited this certificate, I hereby accept the appointment as an informance of my duties, and I am familiar with another agent agent as provided for in Chapter 608, F.S  Lane (REQUIRED)  The company of the Limited Liability Company in the Liabilit

Page 1 of 2

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

"MGR" = Managing Member  MGR  Lorene Halverson  5770 Hidden Oaks Lane Naples, FL 34119  (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be more than five business days price of days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608.408(3), Florida Statutes, the execution of this document to the constitutes an affirmation dider the penalties of perjury that the facts stated herein are time. I am aware that any false information submitted in a document to the Department of Stater.  Lorene Halverson  Typed or printed name of signee	<u>Title:</u>		Name and Address:
(Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  CICLE V: Effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be more than five business days price and 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 ander 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 States.  Lorente Halverson	"MGRM" = Manag	ing Member	
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  OPTIONAL)  reflective date is listed, the date must be specific and cannot be more than five business days price of days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608.408(3), Florida Statutes, the execution of this document; or constitutes an affirmation ander 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.)  Lorene Halverson	MGR		Lorene Halverson
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  OPTIONAL)  reflective date is listed, the date must be specific and cannot be more than five business days price  90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608.408(3), Florida Statutes, the execution of this document; or constitutes an affirmation ander 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; or constitutes a third degree felony as provided for in s.817.155, F.S.)  Lorene Halverson	· -	•	5770 Hidden Oaks Lane
(Use attachment if necessary)  TCLE V: Effective date, if other than the date of filing:			Naples, FL 34119
(Use attachment if necessary)  TCLE V: Effective date, if other than the date of filing:	•		•
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constitutes a third degree felony as provided for in s.817.155, F.S.)  Lorene Halverson	(In accord	ance with section 608.40	or an authorized representative of a member.
Lorene Halverson  Typed or printed name of signee	(In accord constitute	ance with section 608.40 s an affirmation ander the	08(3), Florida Statutes, the execution of this document of perjury that the facts stated herein are true.
Typed or printed name of signee	(In accord constitute I am awar	ance with section 608.40 s an affirmation ander the that any false informat	D8(3), Florida Statutes, the execution of this document on the penalties of perjury that the facts stated herein are true.
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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)