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	(Reque	stor's Name)	)	
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Certified Copies		Certificates	s of Status	

Special Instructions to Filing Officer:

A. LUNT

APR 19 2010

**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
SUBJECT: 113	70 122nd Terrace		
	Name of Limi	led Liability Company	**************************************
	es of Organization and fee(s) are	-	
1 10000 100011 011 001	respondence concerning and ma	to to the removing.	
<u>Dean E</u>	dwards	· · · · · · · · · · · · · · · · · · ·	
		Name of Person	
		Firm/Company	
5400 D	owning Street		
		Address	201
Dover E	1 22527		ZOIL APR
Dover, F		ty/State and Zip Code	377 57
deanned	wards1@gmail.com		
		for future annual report notification)	
For further informat	ion concerning this matter, pleas	e call:	:- 12
Dean Edwards	S	at ( 813 ) 659-1007	•
Na	me of Person	Area Code & Daytime Telephone Nun	nber
	k for the following amount:	_	
\$125.00 Filing Fec	✓ \$130.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	0 Filing Fee. cate of Status & ed Copy nal 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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# 11370 122nd Terrace Limited Liability Company

(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:	
5400 Downing Street	5400 Downing Street	
Dover, FL 33527	Dover, FL 33527	
ARTICLE III - Registered Agent, Registe	ared Office & Pagistared Agent's Signature	201
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		ther 连
The name and the Florida street address of the	he registered agent are:	<u> </u>
Dean Edwards	កា ក្រា	R R
Na	ame S	<u>69</u>
5400 Downing	Street	<u>~</u>
Florida street	t address (P.O. Box NOT acceptable)	
Dover	<sub>FL</sub> 33527	
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)

### **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

MGRM	Doop Edwards
MOLVIAL	Dean Edwards 5400 Downing Street
	Dover El 22527
	ALL HASS
(Use attachment if necessa	
	than the date of filing: 04/15/2011 (OPTIONAL)
effective date is listed, the da O days after the date of filin	must be specific and cannot be more than five business days pr
o days anter the date of min	

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.)

## Dean Edwards

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)