11000049019

Special Instructions to Filing Officer:

L. SELLERS

APR 2 6 2011

EXAMINER



Office Use Only



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SECRETARY OF STATE

" COVER LETTER

TO:

Registration Section

Division of C	orporations				
aunua Audre	ev's NH LLC				
SUBJECT: / Taget	SUBJECT: Audrey's NH LLC Name of Limited Liability Company				
The enclosed Articles	of Organization and fee(s) are s	submitted for filing			
Please return all corres	spondence concerning this matte	er to the following:			
robert pr	eston				
		Name of Person	,, , , 		
		Firm/Company			
7539 gui	nto drive				
		Address			
sarasota.	fl 34238-6229				
<u></u>		/State and Zip Code	***************************************		
robertp505	0@comcast.net E-mail address: (to be used for	ar firtura annual roma	w notification)		
For fruther information			it notification)		
ror turtner information	n concerning this matter, please	can:			
robert preston		at (203	470-0064		
Name	e of Person	Area Code	& Daytime Telephone Number		
Enclosed is a check t	for the following amount:				
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &		
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2011

ROBERT PRESTON 7539 QUINTO DRIVE SARASOTA, FL 34238

SUBJECT: AUDREY'S LLC Ref. Number: W11000020576

We have received your document for AUDREY'S LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 211A00008855

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CL	\mathbf{E}	[-	N.	ıme:
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The name of the Limited Liability Company is:

	Audrey	y's	NH	LL	C
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(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:	<u>Mailing Address:</u>
5542 Modena Place	7539 Quinto Drive
Sarasota, Fl 34238	Sarasota, Fl 34238-6229

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:

robert pre	eston
	Name
7539 qu	uinto drive
	Florida street address (P.O. Box NOT acceptable)
sarasota	_{FL} 34238-6229
	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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Memb	Name and Address:
mgrm	audrey k galloway 5542 modena place sarasota, fl 34238
mgr	robert preston
	7539 quinto drive sarasota, fl 34238-6229
(Use attachment if necessary))
RTICLE V: Effective date, if other an effective date is listed, the date or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri
REQUIRED SIGNATURES	:
Signature of	a member or an authorized representative of a member.
constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
_	reston, poa

Transfor

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)