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SECRETARY OF STATE DIVISION OF CORPORATION

11 MAY -2 AM N: 15

T. HAMPTON MAY -4 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Diligence N	Micro Data LLC.	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
	Jo	on Eulett Name of Person	
		Name of Ferson	
-		Firm/Company	
	6440	SE 96th Ave	
		Address	
		nill, Florida, 33514	
		y/State and Zip Code	
<u>-</u>	E-mail address: (to be used	(@hotmail.com for future annual report notification)	
For further information of	concerning this matter, please	e call:	
Jon E	Eulett of Person	at (321) 363-797 Area Code & Daytime Teleph	
Name o	or Person	Area Code & Daytime Teleph	one Number
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TORIDA LIVITED LIABILITI COVII ANT
is:
cro Data LLC.
iability Company, "L.L.C.," or "LLC.")
e principal office of the Limited Liability Company is:
Mailing Address:
PO Box 463 Okahumpka, Florida 34762
ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
he registered agent are:
n Eulett
,

Name
6440 SE 96th Ave
Florida street address (P.O. Box NOT acceptable)
Centerhill 51 33514

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

11 MAY -2 AM 11:15

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Jonathan Eulett
	6440 SE 96th Ave
	Centerhill, Florida 33514
	
(Use attachment if necessary)	
TICLE V. Effective date if other than	the date of filing: (OPTIONAL)
an effective date is listed, the date mu	ist be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
I am aware that any false i	information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Jonathan Eulett 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)