## L110000059405

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY <b>19</b> 2010
EXAMINER

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## **COVER LETTER**

Division of Co			
SUBJECT: 6	D Answers	Prajees L.L.	<u>C</u>
	Name of Limited	Liability Company	
The enclosed Articles o	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	7 2
Ω.		<u></u>	
Brand	ion ) )A	lame of Person	
Got	_	Tayers L.L.C	2011 HAY 18 PM 3: 44 SECRLIGRY 0: 51AFE
•		Firm/Company	ි ක සි ක
14211	SE 100th AV	C	
	,	Address	
Symmen	Field FL 3	State and Zip Code  Gustaria annual report notification)	<u> </u>
Ω	City/	State and Zip Code	
Oran	E-mail address: (to be used for	future annual report notification)	
For further information	concerning this matter, please of	eall:	
Brandon S	iAms SR.	at ( <u>352</u> ) <u>233</u> <u>19</u> Area Code & Daytime Telephone	43
Name	of Person	Area Code & Daytime Telephone	Number
Enclosed is a check for	or the following amount:		
/	\$130.00 Filing Fee & [		60.00 Filing Fee,
	Certificate of Status	(additional copy is enclosed) Ce	rtificate of Status & crtified Copy ditional copy is enclosed)
	Mailing Address  Resistantian Section	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	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:

ARTICLE II - Ad	st end with the words "Limidress:	•	- <b>FQ</b> ,				
The mailing address	s and street address of	of the princip	al office of the	e Limited Li	iability Con	npany is	s:
Principal Office A	ddress:	<u>Ma</u>	niling Address	<u>3:</u>			
14211 SE Summerfield	10012 AVE FL 34491		14211 S	E 100+	* AVE 34491	2011	
(The Limited Liability Co business entity with an a	egistered Agent, Regimpany cannot serve as its octive Florida registration.) Florida street address	own Registered A	gent. You must de	signate an indiv	ridual of anothe		
The name and the r	Brandon	Name	_	S'R			Parket
	14211 SE	/out	AVE P.O. Box <u>NOT</u> a	ccentable)	-		
	Simmerfie	City, State, an	344	9 <u>1                                    </u>			

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..

(CONTINUED)

(egistered Agent's Signature (REQUIRED)

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:

Title:	Name and Address:
"MGR" ≈ Manager "MGRM" = Managing Member	
MGR	Brandon Sans Sr 14211 SE 1000 AVE
MGRM	Sheila Exertt  13547 SE 1670 LN
	Weirsdale FL 37195
	ASSE OF PH
(Use attachment if necessary)	r
	e date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior
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 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.)

Spand Sp.
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)