L11000063842

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manufactions to raining officer.

Office Use Only



700208114397

05/31/11--01010--003 **125.00



C. LEWIS

JUN 1 2011

EXAMINER

COVER LETTER

ear .	TO:	Registration Section Division of Corporations	• •		
	SUBJE	CT: All Good Things 4 U, L	LC		
	SOBJE		ed Liability Company		
	The end	losed Articles of Organization and fee(s) are	submitted for filing.		
	Please r	eturn all correspondence concerning this mat	ter to the following:		
		Dawn E Wilson			
			Name of Person		
		All Good Things 4 U, LLC			
	_		Firm/Company		
		10200 NE 130th Ave			
Fort McCoy, FL 32134					
	f	lakartgirl@yahoo.com			
	-	E-mail address: (to be used	for future annual report notification)		
	For furt	her information concerning this matter, please	e call:		
	Dawr	E Wilson	_at (352) 236-1808		
		Name of Person	Area Code & Daytime Telephone Number		
	Enclose	ed is a check for the following amount:			
\sqrt	\$125.00	Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is•
The name of the Emmed Elaothy Company i	
All Good Things 4 U, LLC	
(Must end with the words "Limited Lia	bility 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:
10200 NE 130th Ave	10200 NE 130th Ave
Fort McCoy, FL 32134	Fort McCoy, FL 32134
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registeres business entity with an active Florida registration.) The name and the Florida street address of the Dawn E Wilson	e registered agent are:

Florida street address (P.O. Box NOT acceptable) FL 32134 City, State, and Zip Fort McCoy

10200 NE 130th Ave

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)

产业是心

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	SECRETARY OF FALLEAHASSEE. F
MGR	Dawn E Wilson	
	10200 NE 130th Ave	
	Fort McCoy, FL 32134	
MGR	Harley R Wilson	
	10200 NE 130th Ave	
	Fort McCoy, FL 32134	

(Use attachment if necessary)	<u> </u>	
		(OPTIONAL)
LE V: Effective date, if other t	han the date of filing:	. (OPTIONAL)
(Use attachment if necessary) LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	han the date of filing: must be specific and cannot be more t	(OPTIONAL) han five business days p
LE V: Effective date, if other t fective date is listed, the date	han the date of filing: must be specific and cannot be more t	(OPTIONAL) han five business days p
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	han the date of filing: must be specific and cannot be more t	(OPTIONAL) han five business days p
LE V: Effective date, if other t fective date is listed, the date	han the date of filing: must be specific and cannot be more t	(OPTIONAL) han five business days p
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	han the date of filing: must be specific and cannot be more t	(OPTIONAL) han five business days p
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: must be specific and cannot be more to Many E. Wilson member or an authorized representative of	han five business days p
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more t	han five business days p
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatic	must be specific and cannot be more to Laur E. Vilsov member or an authorized representative of	han five business days properties of this document stated herein are true.

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)