P1997000111

(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 instructions to Filing Officer.			

Office Use Only

G. MCLEOD

JUL 12 2011

EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT:	Name of Limited L	Art LLC iability Company
The enclosed Articles	of Organization and fee(s) are sub-	mitted for filing.
Please return all corre	spondence concerning this matter to	o the following:
	A Nai	tong le
· · · · · · · · · · · · · · · · · · ·	>	
	Fir	m/Company
	5 598 OX1	ad Manor Cit. Address
	,	
	Lakeland	FL 338/O ate and Zip Code
	1—	
- W	E-mail address: (to be used for fi	smail. (om.
For further information	n concerning this matter, please cal	
Torració informació		
Nam	e of Person at	(209) 8/8-7662 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
		\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	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	3 :
(Must end with the words "Limited Liat	- LLC
ARTICLE II - Address: The mailing address and street address of the I	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3129 US 98N	
Lakeland, FL 33805	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the Name Florida street address of the Name Florida street address of the Name Akeland	registered agent are: Why Le e Why Le e Why Le e Why Le E Cir F State, and Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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..

Régistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Hong Le 5398 Oxford Mayor Cir
	5398 Oxford Manor Cir Lafeland, FL 33810.
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the o	late of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Тур	ped 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)