## L/10000086674

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
_ ~				
(Business Entity Name)				
(Document Number)				
(233)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

JUL 28 2011

EXAMINER

Office Use Only



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THE SECRETARY OF STATE AND THE SECRETARY OF STATE OF STAT

RECEIVED

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DESCRIPTIONS

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Name of Limite	LLC		
	Name of Limite	Liability Company		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Lu	nny Crawton	d	<b>3</b> 60	<b>-</b>
		Name of Person		· 0.0
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	4 CN 252	Address	2 ±	- 🤰
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	Alplin, Fl.	/State and Zip Code		-
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used for	or future annual report notification)		_
For further information	concerning this matter, please	call:		
Larry Cra	fact		. 2002	
Name	of Person	at (386 ) 362- Area Code & Daytime Telep	phone Number	
_	or the following amount:		_	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &	٤.
	Commond of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed	
	Mailing Address	Street/Courier Address		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327	Clifton Building 2661 Executive Center C		
	Tallahassee, FL 32314	Zuot Executive Center C	Hele	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	of the principal office of the Limited Liability Com	nany isy
The maning address and street address	of the principal office of the Enfined Elability Com	pany is.
Principal Office Address:	Mailing Address:	=======================================
11504 CR 252 MEALON, FL 32062	Same Pro	=
MEA/ph, Fl. 32062	<del></del>	
MEAlph, H. 32062		
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signatures sown Registered Agent. You must designate an individual aniother	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it	egistered Office, & Registered Agent's Signatures sown Registered Agent. You must designate an individual aniother of the control of the cont	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street address	egistered Office, & Registered Agent's Signature sown Registered Agent. You must designate an individual of another agent are:	
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ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration  The name and the Florida street address  Leny  11504 Co.	egistered Office, & Registered Agent's Signature sown Registered Agent. You must designate an individual aniothers of the registered agent are:  Crewford  Name	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration  The name and the Florida street address  //// //// /// //// /// /// /// ///	egistered Office, & Registered Agent's Signature sown Registered Agent. You must designate an individual anipother agent are:  Crawford  Name	

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..

(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:
MERM	11504 in 252 MEALL FT. 32002
	22 T
(Use attachment if necessary)	<b>S</b> . (1)
RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	per or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  Signation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
_ larry	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)