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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PłCK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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FILING CANCELLED RETURNED CHECK

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

J. SAULSBERRY EXAMINER

AUG 1 7 2011

AHR TOM

COVER LETTER

Registration Section

TO:

Division of Corp	porations			
SUBJECT: 5'\ E	nterprizes #	1 2		
	Name of Limit	ed Liability Company		
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.		
Please return all correspon	idence concerning this mate	ter to the following:		
Mary A. pe	nniugtau	Name of Person		
Divine Rea	dings (By Galle) Firm/Company	· · · · · · · · · · · · · · · · · · ·	
Po boro 11-	13	Trum/Company	2011 A SECT TALLI	
 		Address	AUG	
Hawthorn	e, Fl. 32640	y/State and Zip Code	ARY OF	
admin 2011	^ .	nas COM orfulure annual report notification)	.دی نسم	-
For further information co	ncerning this matter, please	-	D. 1	
May A. Pennin Name of	USTON Person	at (<u>352</u>) <u>682 7</u> Area Code & Daytime Te		
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Si Enterprizes L.L.C (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	ıbility Co	mpany	' is:
Principal Office Address:	Mailing Address:			
102 E. Cowpen Lake Point Rd. HAWHOGNE FL 32640	Po box 1173 Hawthane Fl 3264D	<u> </u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the r	registered agent are:	SEC	2011	; •
Mary A. Pennington		ECRETARY LAHASSE	AUG 15	
102 E. Cowpen Lake		OF'S	P	רח
Florida street add Hawthorne	fress (P.O. Box <u>NOT</u> acceptable) FL 32042	TATE ORIDA	PM 1:42	Same?
City, Sta	ate, 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

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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:
mgr	Mary A. Pennington 102 E. Compon Lake Point Rd. Hawthorne FL 32640
	SECRET AND
	ARY OF PA
	ORIDA
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and cannot be more than five business days provided the specific and the specific
REQUIRED SIGNATURE:	

(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.)

Signature of a member or an authorized representative of a member.

MARY ANN PenningTon
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)