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(Requestor's Name)
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(City/Shaka/Tin/Dhama 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

T. CLINE

AUG 29 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A Party for One	tod Cabillas Comments	
Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Tyran W. Butler		
	Name of Person	
A Party for One		
	Firm/Company	
1356 SW Wacahoota Ro	d	
·	Address	
Micanopy, FL 32667		
	ty/State and Zip Code	
apartyforone@gmail.com E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	•	
7 or ranger information concerning this matter, pleas	e can.	
Tyran W. Butler	_at (386) 365-4316	1 1
Name of Person	Area Code & Daytime Telephone Number	1.54.83° (1.44.83)
Enclosed is a check for the following amount:		o re
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	energy.
Malling Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame
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The name of the Limited Liability Company is:

Α	P	ar	tv	for	One,	L	L	\Box
	-		-,		• • • • •		_	_

(Must end with the words "Limited Liability 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:
1356 SW Wacahoota Rd	PO 140382
Micanopy, FL 32667	Gainesville, FL 32614

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tyran W. Butler

Name

1356 SW Wacahoota Rd

Florida street address (P.O. Box NOT acceptable)

Micanopy

_{FL} 32667

City, State, 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

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 Me	ember
MOIGHT — Managing M	cinoci
MGRM	Tyran W. Butler
	1356 SW Wacahoota Rd
•	Micanopy, FL 32667
MGRM	Erica D. McCray
	13200 W. Newberry Rd. Unit X-135
	Newberry, FL 32669
	Newberry, 1 L 32003
í	
LE V: Effective date, if of	her than the date of filing: (OPTIONAL)
ffective date is listed, the d days after the date of filin	her than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days pag.)
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)