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Certified Copies	Certificates of	Status

Special Instructions to Filing Officer:

L. SELLERS
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SECRETARY OF STATE
AHASSEF FI ORIDA

COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SURJE	ECT: ENZI, LLC.		
0000		ed Liability Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	ter to the following:	
	Karen J. Prevatt		
		Name of Person	_
	Karen J. Prevatt, P.A.		
		Firm/Company	
	137 So. Pebble Beach Blv	d., Suite 102	_
		Address	
;	Sun City Center, Florida 335		_
		ty/State and Zip Code	
-	lisajjosephsalon@aol.com E-mail address: (to be used	for future annual report notification)	
For fur	ther information concerning this matter, pleas	e call:	
Kare	en J. Prevatt	at (813) 634-1750	
	Name of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:		
\$125.00	O Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
ENZI, LLC.	
(Must end with the words "Limited Lie	ability 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:
5132 Land O'Lakes Blvd., Suite 103 Land O'Lakes, Florida 34639	9401 Rolling Circle San antonio, Fl. 33574
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Karen I Prevatt	

Name

137 So. Pebble Beach Blvd., Suite 102

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

Sun City Center

FL 33573 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..

(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:

MGRM	Lisa Nusman Murray
	2447 Earlswood
	Brandon, FL 33510
MGRM	Roy Naccour
	5132 Land O'Lakes Boulevard, Suite 103
	Land O'Lakes, Florida 34639
	The state of the s
	14.7881 404. 81.9
Use attachment if necessary	a)
Coo attaominant it moodsbar,	
LE V: Effective date, if other	r than the date of filing: (OPTIONA
	te must be specific and cannot be more than five business day
days after the date of filing	.)

(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.

Lisa Nusman Murray

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)