## [11000121007

(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:

Office Use Only



600213349376

10/24/11--01029--006 \*\*125.00

11 OCT 24 PH 1: 31

TI BOZL F IND BRYAN

OCT 24 2011

**EXAMINER** 

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	ECT: Freddy Todd Name of Limited Liability Company	
	Name of Entitled Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	•
	Freddy Jodd Name of Person	
	Fredd Todd	
,	Freddy Todd Firm/Company	
	678 Oaklands Plantation Address	ì
	Ψ <sub>1</sub> •	لكبلي
	Monticello T1. 32344 Fig. 3 City/State and Zip Code	Y
	Monticello T1. 32344 Fig 3 Fig	_
-	the state of the s	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Name of Person	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 678 Oaklands Plantation Rd 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: Freddy Jadel Name Florida street address (P.O. Box NOT acceptable) Montinello FL 32344 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)

Registered Agent's Signature (REQUIRED)

## **ARTICLE IV- Manager(s) or Managing Member(s):**

ARTICLE IV- Manager(s) or Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows:  Name and Address:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Fréddy Todd 678 Oaklands Plantation Rd Monfaello, H 32344
<del></del>	
<del></del>	
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

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

(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.)

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)