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**EXAMINER** 

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations	
<sub>subject:</sub> Philatopian Investmen	ts, L.L.C
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Artis L. Phillips, Jr.	
	Name of Person
Philatopian Investments, I	
	Firm/Company
2907 Evans Way	
	Address
Kissimmee FL 34758	· · · · · · · · · · · · · · · · · · ·
Ci	ty/State and Zip Code
art_phillips_01@yahoo.com	for future annual report notification)
·	•
For further information concerning this matter, pleas	e call:
Artis L. Phillips, Jr.	at (407 ) 405-2903
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	E	I	-	ľ	٧	a	m	e	:
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The name of the Limited Liability Company is:

## Philatopian Investments, L.L.C

(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:
2907 Evans Way	2907 Evans Way
Kissimmee FL 34758	Kissimmee FL 34758

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:

Artis L. Phillips, Jr.

Name

2907 Evans Way

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

Kissimmee

FL 34758

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

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AND SEED OF STATE

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:				
"MGR" = Manager					
"MGRM" = Managing Member					
MGR	Artis L. Phillips, Jr				
	2907 Evans Way	_			
	Kissimmee FL 34758	_			
		_			
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>07 November 2011</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Signature of a member or an actionized 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.)

Artis L. Phillips, Jr.

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)