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(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:				
L. SELLERS				
NOV 1.6.2011				
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FILED 11 NOV I L PM 7: LS SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:		ENTERPLISES ed Liability Company	LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
THOR	DAS ANTHORY	HAUDED, JC Name of Person		
· .	Tom Hayor	Firm/Company		
***************************************	1007 CALUM	Address		
	Bradnod Cit	FL 3351\ y/State and Zip Code		
	()	•		
E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please	call:		
	ne of Person	at (5/3) 404- Area Code & Daytime Telepho		
Enclosed is a check	for the following amount:			
₹]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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: Mailing Address:	ARTICLE I - Name: The name of the Limited Liability Company is:				
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: P.O. Box 878	Must end with the words "Limited Liability	PUSES, LC y Company, "L.L.C.," or "LLC.")			
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: THOM AS ANTHONY HAY DENTE. Name 1007 (ALMET LAY Florida street address (P.O. Box NOT acceptable) 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 al 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.		ncipal office of the Limited Liability Company is:			
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: THOM AS ANTHONY HAY DENTY Name 1007 (Alumet Lay Florida street address (P.O. Box NOT acceptable) 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.	Principal Office Address:	Mailing Address:			
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Thomas Authory Hay Ded In Name 1007 Calumet Day Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Company cannot serve as its own Registe	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another			
Florida street address (P.O. Box NOT acceptable) BOADOD FL 3351 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	The name and the Florida street address of the re	gistered agent are:			
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.	THOM AS AUTHO.	76, C3a yah ya			
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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 al 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	BOADOD City, Stat	FL 3351\ e, and Zip			
Registered Agent's Signature (REOUIRED)	liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and			
	Registered Agent's Signatu	re (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB	THOMAS A HAYDED, 17 1007 CALUMET WAY BRADDON, FL 33511

ARTICLE V: Effective date, if other than the date of filing: November 21, 2011. (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:

(Use attachment if necessary)

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.)

THOMAS HAYDED, 10

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)

IT NOV IL PH 7: 45 ECRETARY OF STATE