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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

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COVER LETTER

TO: Registration Section of Cor			ĭ,		
SUBJECT:	Southern Name of Limited Liab	Shine Lility Company	LC	_	
The enclosed Articles of	Organization and fee(s) are submitted	ed for filing.			
Please return all correspo	ondence concerning this matter to the	e following:			
	Leigh An	Pippi of Person	N		
]	78 23 E	
	3801 S.	Bay St.		NOV 28 CRETAR AHASS	-
	Eastis, F	tress J) 6	AM 9: 0	
	E-mail address! (to be used for future	and Zip Code Code annual report notification)	.net		
For further information c	oncerning this matter, please call:				
Leigh An	nn Pippin at (_	352 636 L Area Code & Daytime Telep	1553 hone Number		
Enclosed is a check for	r the following amount:				
\$125.00 Filing Fee	Certificate of Status Ce	55.00 Filing Fee & rtified Copy ditional copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy)	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courter Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern S	phine LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2801 S. BaySt	same
Eustis, Fi	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Leigh Ann	v Libbin Es =
<u> 2801 S.1</u>	Bay St. ALL AHAS STEARY RETARY STEARY RESERVED TO THE PROPERTY OF THE PROPERTY
Pustis	<u>FL</u> 32726 ₹ 17
•	ate, and Zip
liability company at the place designated in the	accept service of process for the above stated imited his certificate, I hereby accept the appointment as
statutes relating to the proper and complete pe	y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
Illh	stered agent as provided for in Chapter 608. F.S
Registe ed Agent's Aignati	ure (REQUIRED)
(CONTINI	UED)

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 Member MGRM MGR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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 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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ware that any falce information submitte

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)