L11000143002

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	#)
PICK-UP	WAIT	. MAIL
·	Business Entity Nam	e)
	(Document Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

DEC 21 2011

EXAMINER

Office Use Only



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COVER LETTER

	ion Section of Corporations	1	
SUBJECT: 25	51 LLC		
	Name of Limite	ed Liability Company	,
The enclosed Artic	les of Organization and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
l awre	nce E. Nelson		
<u> </u>	1100 E. 11010011	Name of Person	
4.		· · · · · · · · · · · · · · · · · · ·	
		Firm/Company	
PO Bo	x 5460		93 R
		Address	ASS.
Lighthou	use Point, FI 33074		
LENLHE	City P@AOL.COM	//State and Zip Code	FLORIE O
		or future annual report notification)	- 5
For further informa	tion concerning this matter, please	call:	
Lawrence Ne		at (954) 782-5313	
N	ame of Person	Area Code & Daytime Telephone Num	ıber
Enclosed is a che	ck for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
) r	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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")
cipal office of the Limited Liability Company is:
Mailing Address:
2551 LLC
PO Box 5460
Lighthouse Pt, Fl 33074
istered agent are:
(T) ena sib
ighway 👸 🗜 👸
Ignway ss (P.O. Box NOT acceptable) FL 33064

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Managing Member		35.	20 III DEC 11	<u> </u>
MGRM	Lawrence E. Nelson	in it	ဖ	Ò
	PO Box 5460	민유	32	L S
	Lighthouse Pt., Fl 33074		-	1.3
MGR	Susan C. Nelson	ORIGE.		
	PO Box 5460			
	Lighthouse Pt., Fl 33074			
Use attachment if necessary)				

ARTIC (If an ef 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. 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.)

Lawrence E. Nelson

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)

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