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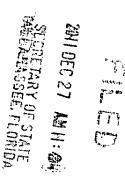
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Office Use Only



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T. CLINE

DEC 28 2011

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Collins Living LLC		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Roger Collins		
gg. gg.m.g	Name of Person	
	Firm/Company	
116 Olympus Dr		
	Address	
Ocoee, FL 34761		
	City/State and Zip Code	
roger@rogercollins.com	(-mg)	
	for future annual report notification)	
For further information concerning this matter, plea-	se call:	
Roger Collins		į
Name of Person	Area Code & Daytime Telephone Number	A!
Enclosed is a check for the following amount:	Area Code & Daytime Telephone Number	4.
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

`k *

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Collins Living LLC (Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
116 Olympus Dr Ocoee, FL 34761	116 Olympus Dr Ocoee, FL 34761	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.)	red Office, & Registered Agent's gistered Agent. You must designate an indiv	s Signature:
The name and the Florida street address of the	e registered agent are:	2 CORN
Roger Collins		AUL DEC 21
Nan		一
116 Olympus Dr		27 27 388
Florida street a	address (P.O. Box NOT acceptable)	m _C
Ocoee	_{FL} 34761	F 35
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

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Roger Collins 116 Olympus Dr Ocoee, FL 34761
	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 1, 2012</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 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 arguments are made and a state of states are that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.)

Roger Collins

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)