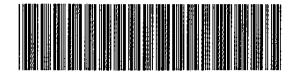
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(Daniel Mann)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2012 FEB 17 AMII: 49
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

FEB 2 0 2012

EXAMINER

COVER LETTER

	c,	of Corporations		
SUBJE	е ст :7	he willow Ag	ency LLC	
		Name of Limited L	iability Conhpany	
The en	closed Artic	les of Organization and fee(s) are subn	nitted for filing.	
Please	return all co	rrespondence concerning this matter to	the following:	
		Ayasha B	OAKCT ne of Person	THE T
	Th:	e Willow Age	n/Company LLC	ALASSEE CB.
		5364 (ranfo	rd court	EFF STATE
		-allahassee, F	L 32303	7
-		OKERO THE WILL E-mail address: (to be used for fu		C. Com
For fur	ther informa	tion concerning this matter, please cal	l:	
Ау	ashq	BOKEY at Jame of Person	(813) 419 -	- 7119 ephone Number
Enclos	sed is a chec	ck for the following amount:		
\$125.0 0) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	THE THE
The Willow Ager (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5364 cranford Ct. Tallahassce, FL 32303	5364 cranford Ct. Taliaha SSCE, FL 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
A	1

Name

5364 <u>Cranford</u> Ct.

Florida street address (P.O. Box <u>NOT</u> acceptable)

× .

Tallahassee FL 32303
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.

Masha Bakel C Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ayasha Baker 5364 cranford (t. Tallahassec, FL 3230
	TALL
	SEE FE
(Use attachment if necessary)	
	e date of filing: (OPTION be specific and cannot be more than five business date
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member	ha Baker er or an authorized representative of a member.
Signature of a member of a mem	Baker er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

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)