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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Section  Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	Reginald Cesar Name of Person
-	A A P / U.S Firm/Company
_	3910 Old Winter Garden rd. Address
-	Orlando / Florida 32805 City/State and Zip Code
-	E-maileddress: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	eginald Cesar at 321 276-6484  Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
S125.00	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

3910 OldWinter Gardenrd. 1644 Stefan Cole In. Orlando, Fl 32805 Apopka, Fl 32703

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

**Mailing Address:** 

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:			
Reginald Cesar			
1644 Stefan Cole In.  Florida street address (P.O. Box NOT acceptable)			
Apoka FL 32703 City, State, and Zip			
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am Jaccept the obligations of my position as registered agent as provided for in Charles	appoint he provi familiar	ment of sions with	as of all and
Registered Agent's Signature (REQUIRED)	SECRETARY	12 MAR - I	Section 1

(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:

MGRM Gertrude	Cesar in cole In. -1 32703 Cherenfant in cole In.
MGRM Gertrude	Cherenfant n Cole In.
	F1 32103
(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.)

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)