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(Requestor's Name)
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PICK-UP WAIT MAIL
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A. LUNT

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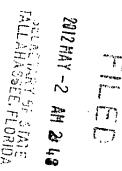
EXAMINER

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COVER LETTER

•	TO:	Registration of	on Section Corporations					
	SUBJE	ct: Ash	more's, LLC					
			Name of Limi	ted Liability Cor	mpany		-	
			es of Organization and fee(s) are respondence concerning this mat		_			
	1 loase	cturn an con	copondence concerning and mai	ter to the renow	nig.			
		Branna	n A. Hartman		<u>-</u>			
				Name of Person				
		Ashmo	re's, LLC					
	•			Firm/Company	1			
		1192 G	lenwood Road					
				Address	- '	IMI	281	
	(Deland, I	Florida 32720				2812 HA))
	•	<u></u>		ty/State and Zip C	ode	3.7. (3.2.)	-2	1
	_	ashmore	saccessories@yahoo.d			ma ma	,	[I
			E-mail address: (to be used	for future annual r	report notification)		₩ N	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					.r			
	Bran	nan Hartr	nan	_at (407	687-6680	·	_	
		Na	me of Person	Area C	ode & Daytime Telep	phone Number		
	Enclos	ed is a checl	k for the following amount:					
V	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (iling Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisio Cliftor	/Courier Address ration Section on of Corporations n Building Executive Center C	ircle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Ashmore's, LLC.		<u></u>		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited L	iability	Comp	any is:
Principal Office Address:	Mailing Address:			
39 South Woodland Blvd	1192 Glenwood Road		_	
Deland, Florida	Deland, Florida			
2720	32720			
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ind business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Brannan A. Hartman Name 1192 Glenwood Road Florida street address (P.O. Box NOT acceptable)			會IZMAY-2 AN 全 18	
Deland	EI 32720			
City, Sta	te, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signature.	his certificate, I hereby accept to I further agree to comply with formance of my duties, and I a fered agent as provided for in the second of	he appo h the pro m famili	intmen. ovision. iar with	t as s of all h and

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	Brannan A. Hartman	
	1192 Glenwood Road	
	Deland, Florida 32720	
	Dolons, Horida GE-20	
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(Use attachment if necessary)		
	e date of filing: 05/01/2012	
ffective date is listed, the date must leads after the date of filing.)	be specific and cannot be more than f	ive business days
REQUIRED SIGNATURE:		
0	1//	

(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

Signature of a member or an authorized representative of a member.

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

Brannan A. Hartman

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)