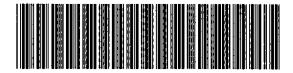
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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			

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SECRETARY OF STATE
ANASSEE FLORIDA

E WAY 17 SH 4:0

J. BRYAN

MAY 1 7 2012

EXAMINER

COVER LETTER

Section Orporations		
Men's Home I	improvement U	<u></u>
Name of Limite	d Liability Company	
f Organization and fee(s) are s	ubmitted for filing.	
ondence concerning this matte	er to the following:	
mar & Alben		Zer R
	Name of Person	2
		250
	Firm/Company	rig 3
Dens Chan Onn	ano +	S. S. S.
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all have to	11- 22705	,
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E-mail address: (to be used for	or future annual report notification)	
concerning this matter, please	call:	
Hlen	850 408 29	340
of Person	Area Code & Daytime Telepl	
4 6 11		
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\$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 Projection Section	Street/Courier Address Pagistration Section	
Division of Corporations	Division of Corporations	
	Name of Limited Name of Concerning this matter Name of Albert City E-mail address: (to be used for concerning this matter, please Name of Person or the following amount: \$130.00 Filing Fee & Certificate of Status	Name of Limited Liability Company of Organization and fee(s) are submitted for filing. condence concerning this matter to the following: Manu & Allen Name of Person Firm/Company Devo Orop Inn Lang + Address City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: Manu & Some Inn Lang + Address City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: Manu & Some Inn Lang + Area Code & Daytime Telepi or the following amount: \$130.00 Filing Fee & Certificate of Status Stock

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is	E C
Le Allen Hone Im (Must end with the words "Limited Liab	provenents UC (Signal Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2467, Dero Drop Ing Ln Tallapassee Fl 32305	- Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
Tallahassa	registered agent are: O Inn Lane dress (P.O. Box NOT acceptable) FL 32305 tate, and Zip
•	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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member General Allen MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ . (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 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:

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)