L12000070600

(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:

Office Use Only



700235342517

05/24/12--01011--005 **130.00

FILED
12 MAY 24 AM ID: 27
SECRETARES OF STATE
SECRETARES OF STATE

C. LEWIS

MAY 2 5 2012

EXAMINER

COVER LETTER

•	Corporations	34 *	_	
SUBJECT: EAF	RTH 2012 LLC	pr#	<i>'</i> .	·.
	Name of Limit	ted Liability Co	mpany .	
The enclosed Article	es of Organization and fee(s) are	submitted for f	ilina	
The enclosed Afficie	es of Organization and fee(s) are	Submitted for i	mig.	
Please return all corr	respondence concerning this mat	ter to the follov	ving:	
CARL I	_AYMAN			
***************************************	,	Name of Person	1	
			-	
· · · · · · · · · · · · · · · · · · ·		Firm/Company		
3850 V	ICKERS LAKE DR			
		Address		· · · · · · · · · · · · · · · · · · ·
IACKSO	NVILLE, FL 32224			
JAOROO		y/State and Zip (Code	· · · · · · · · · · · · · · · · · · ·
Clayman	3@aol.com	-		
	E-mail address; (to be used	for future annual	report notification)	· · · · · · · · · · · · · · · · · · ·
For further informati	on concerning this matter, please	e call:		
CARL LAYMA	N	_{at (} 818	、261-2184	
Na	me of Person	_ at (Code & Daytime Tele	ephone Number
	for the following amount: \$\sigma \text{\$\frac{1}{2}\$}\$130.00 Filing Fee &	T \$155.00 B	iling Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified		Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section ion of Corporations in Building Executive Center Coassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CL	Æ	I	-	N	am	e
---	---	----	----	---	---	---	---	----	---

The name of the Limited Liability Company is:

EARTH 2012 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3850 VICKERS LAKE DR	SAME
JACKSONVILLE, FL 32224	

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 business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CARL LAYMAN	
Name	AEG NO
3850 VICKERS LAKE DR	E ST
Florida street address (P.O. Box NOT acceptable)	SSS P
JACKSONVILLE _{FL} 32224	四年 五
City, State, and Zip	53 5
	ラゼ つ

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

	anager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STATALLAHASSEE, FLORE
MGRM	CARL LAYMAN 3850 VICKERS LAKE DR JACKSONVILLE, FL 32224
(Use attachment if necessary)	Tuy 1 2012
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing:
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: June 1, 2012. (OPTIONAL) st be specific and cannot be more than five business days pr Mayna mber of an authorized representative of a member.

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)