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EXAMINER



100235683961

06/08/12--01007--004 **160.00

EFFECTIVE DATE 7/1/2012



(

COVER LETTER

TO: Registration Section Division of Corporations		A CONTRACTOR OF THE PARTY OF TH
_{subject:} Phoenix Laboratorio	es LLC	
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	utter to the following:	
Randy Mejia		21.124
	Name of Person EFFECTIVE DA	TE
-Phoenix Laboratories	LLC	1 1
	Firm/Company	<u> </u>
4948 Cason Cove Dr.	#107	
	Address	
Orlando, FL 32811		
	ity/State and Zip Code	
AlexSPH@Hotmail.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	se call:	
Randy Mejia	321 \ 246-2291	
Name of Person	Area Code & Daytime Telephone N	Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 EFFECTIVE DATE_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	R	TI	C	LI	E i	Ĭ	-]	N	a	m	e:	
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The name of the Limited Liability Company is:

Phoenix Laboratories 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:

4948 Cason Cove Dr. #107

Orlando, FL 32811

4948 Cason Cove Dr. #107 Orlando, FL 32811

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:

Randy Mejia

Name

4948 Cason Cove Dr. #107

Florida street address (P.O. Box NOT acceptable)

Orlando

FL 32811 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..

Registered Agent's Signature (REOUIRED)

(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:

/IGR	Randy Mejia
•	4948 Cason Cove Dr. #107
	Orlando, FL 32811
 	
Use attachment if necessary)	
	07/04/2042
EV: Effective date, if other than the	the date of filing: 07/01/2012 (OPTIO) the specific and cannot be more than five business of

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.)

Randy Mejia

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)