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PICK-UP WAIT MAIL	
(Business Entity Name)	06/08/1201010012 **130.00
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JUN 1 1 2012 EXAMINER

1 **COVER LETTER** TO: **Registration Section División of Corporations** SUBJECT: Klin Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing e dati Please return all correspondence concerning this matter to the following: tranklin erome-Name of Person Frank Firm/Company 525 allahas City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: · (ome at ( 85 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee **1**\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certifiea Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(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:

# 5257 Familie

## 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:

Derome Franklin Name Family Tree DR. Florida street address (P.O. Box NOT acceptable) Tallahassere, FL 30233 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 (REQUIRED)

(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:

### Title:

"MGR" = Manager "MGRM" = Managing Member

MGRM

Name and Address:

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:  $\frac{6}{4}$   $\frac{2}{2}$   $\frac{2}{2}$ . (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:** 

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

(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)

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