12000085236

(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:
Special instructions to Filing Officer.





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2012 JUN 22 PM 3: 29
SECRETARY OF STATE

J. BRYAN

JUN 2 8 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sikes E	nterprises, LLC	
30B0ECT.		d Liability Company	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
	Jacl	kie L. Sikes	
		Name of Person	
		nterprises, LLC	
		Firm/Company	2012 TAE
	1418 (Golden Park Ct	JUN LARE
		Address	22 ASSI
	-	ssee, FL 32303	2012 JUN 22 PH 3: 29 SECRE LARY OF STATE TALLAHASSEE. FLORID
	·	/State and Zip Code	3: 2 LORN
	E-mail address: (to be used to	n_48@yahoo.com or future annual report notification)	gm 9
For further information c	oncerning this matter, please	call:	
Jackie	L. Sikes	ar/ 229) 89	1 8531 <i>.</i>
Name o	Person	Area Code & Daytime Telep	
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee		\$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 Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center C	ircle

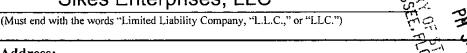
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sikes Enterprises, LLC



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

Principal Office Address:	Mailing Address:	
1418 Golden Park Ct	1418 Golden Park Ct	
Tallahassee, FL 32303	Tallahassee, FL 32303	_
		1

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:

Corporation Ser	vice Company
Name	
1201 Hay	s Street
Florida street ac	idress (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32301
City, S	tate, 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..

stered 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:

"MGR" = Manager "MGRM" = Managing Member MGRM	Jackie L. Sikes 1418 Golden Park Ct Tallahassee, FL 32303
MGRM	1418 Golden Park Ct
	Tallahassee, FL 32303
	TALL SEC
	AHARA 22
	22
	SEE.
	<u> </u>
	PH 3: 29
(Use attachment if necessary)	77
CLE V: Effective date, if other than the date	of filing: (OPTIONAL
effective date is listed, the date must be spe 90 days after the date of filing.)	ecific and cannot be more than five business days

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.)

Jackie L. Sikes

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)