(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PCK-UP WAIT MAIL
•
(Business Entity Name)
(2000)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 lining Officer.
A. LUNT
A. LOIVI
JUL 2 3 2011
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EXAMINE



70023742425 TATE ANASSEE FLORIDA

07/26/12--01002--008 **160.00

Office Use Only

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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RED LINE HOMES	LLC						
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				Fictitious Search			
				Fictitious Owner Search			
Signature				Vehicle Search			
				Driving Record			
Requested by: SETH				UCC 1 or 3 File			
requested by SETH	07/25/12			UCC 11 Search			
Name	Date	Time		UCC 11 Retrieval			
Walk-In	Will Pick Up			Courier			

COVER LETTER

Registration Section

TO:

Divis	sion of Corporations		
SUBJECT:	RED LINE HO	MES LLC	SE SE
	Name of Lin	nited Liability Company	LOR & T
			ASS. 28
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	JUL 25 MI
Please return a	all correspondence concerning this m	atter to the following:	TILED THE STATE OF ST
R	ICARDO PADRO		Qr V
		Name of Person	
		Firm/Company	
4/4	107 WKNOLLWOOD ST		
	1(//35/35/35/35/35/35/35/35/35/35/35/35/35	Address	
TF	MPA, FL 33614		
PLP	ADRO 813@CMAIL.CO E-mail address: (to be use	M	
	E-mail address: (to be use	d for future annual report notification)	
For further info	ormation concerning this matter, plea	se call:	
RICARDO	PA DR 4	well 334-2°	335
	PA DR 4 Name of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a	check for the following amount:		
\$125.00 Filing	Fee \$\int_\$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	Street/Courier Addres	s

Registration Section **Division of Corporations** 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
ZED LINE HOP	mes uc
	nited 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:
7AMPA FL 33614	TAMPA, FL 33614
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another

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

PICARDO PADRO

Name

4407 W KACLL WOOD

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

TAMPA

FL 33614

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.

(CONTINUED)

Page 1 of 2

/		LAR S
<u>Title:</u>	Name and Address:	₹5 12
"MGR" = Manager		SST CO
"MGRM" = Managing Member		Ha I
MGRM	RICARDO C. PADRO	LOT
•	4407 WKNOLLWOOD ST	ēm 1
	TAMPA, FL 33614	····
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•		·······
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Use attachment if necessary)	*	
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: