## L12000101630

(Request	tor's Name)
(Address	s)
(Address	)
(City/Stat	te/Zip/Phone #)
PłCK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only

B. KOHR
AUG-S 2012
EXAMINER



100238109881

08/06/12--01015--010 \*\*130.00

EFFECTIVE DATE 8 2 2012

12 NIG-6 PM 3: 19

( , ,	<b>*</b>	COVER LE	TTER <sub>EF</sub>	FECTIVE DATE 8 2	,
TO:	Registration Section Division of Corporations	. <del>*</del>	 .pr	25 Control of the con	7
SUBJE	CCT: LUC	4 And Jame of Limited Liab	Murph Cility Company	1 L.L.C. 5	
The end	closed Articles of Organization a	and fee(s) are submitt	ed for filing.		•
Please	return all correspondence concer	ming this matter to th	e following:		
	Susan	R. Gre Name o	299 of Person		
	LUCY A	and M	urphy ompany	L.L.C.	
-	2817	Derby	Dr.		
	De (to)	14 FLO	rida 32 nd Zip Code	738	
_	PACM A C	s): (to be used for future	hat ma annual report notificati	il.com	
For furt	ther information concerning this	matter, please call:			
_5	USAN R. G. I	egg at (S	386 <u>53</u> Area Code & Daytime	2-1039 Telephone Number	
Enclos	ed is a check for the followin	g amount:			
<b>]</b> \$125.00	Filing Fee \$130.00 Fili Certificate	of Status Ce	55.00 Filing Fee & rtified Copy ditional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Add Registration S Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions	



ARTICLE I - Name:	23
The name of the Limited Liability Company is:	
LUCY AND MUT Shy L.L. C.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	°

Principal Office Address:	Mailing Address:
1431 Orange CAMP Rd	1, 1431 Drange CAMPRd.
Sirite 103	Suitelog
Deland FL 32724	Deland FL, 32724

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:

Susan R. G	regg_
Name	
2817 Derby	Dr.
Florida street address (P.O. B	lox <u>NOT</u> acceptable)
DeltonA FL	32738
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 (REQUIRE)

(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:

Name and Address:
SUSAN R. Gregg 2817 Derby Dr. Deltona Fl. 32738
Brian Gregg 2817 Derby Dr. Deltona, Fl. 32732
<del></del>

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

SAN R. Gregg
Typed or printed name of signee J

## 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)