## 1200122317

(Requestor's Name)	<del></del>			
(Address)				
(Address)	—			
(City/State/Zip/Phone #)	<del></del>			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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G. MCLEOD

SEP 25 2012

EXAMINER



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DEPARTMENT OF STATE

12 SEP 25 AM II: 25

## **COVER LETTER**

TO: Registration Se Division of Cor		·	
SUBJECT:		ncorporated Liability Company	,LLC_
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Lee Co	llier me of Person	
	Liaison	In comporate	ed, LLC
	5810 N. 1	non roe St	HZ10-107
le	e ja Collier ( Email address: (to be used for	late and Zip Code  Duckoo. Computure (Junual report notification)	<u> </u>
For further information co	oncerning this matter, please ca	II:	
Lee Co	1 rer a	Area Code & Daytime Telep	5150 Ohone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$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 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 C 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  ARTICLE II - Address: The mailing address and street address of the pri	y Company, "L.L.C.," or "LLC.")  ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5810 N. Monroe St. # 210-107 Tallalassee, Fr 32303	5810 N. Monroe St. # 210-107 Talla Lassee, FC 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the recommendation in the Florida street address of the F	egistered agent are:    Coe St. # 210-107   Coess (P.O. Box NOT acceptable)
	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Lee Collier 5810 N. Monne St. #710-107 Tallahassee, Fi 32303
(Use attachment if necessary)	
	e date of filing: 9-25-12 (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a memb	Oct or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document

(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)