L12000126172

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		[

Office Use Only

B. KOHR

OCT _ 3 2012

EXAMINER



200240302392

10/03/12--01007--027 **155.00

HECETYED

LOCITAGO OF STATE



COVER LETTER

.:

TO: Registration Section Division of Corporations
Division of Corporations
SURJECT: (an 1)0 Holdings, LLC
Name of Limited Liability Company
O
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Classic Manager
Christie Morgano Financia
Name of Person
Firm/Company
Tunive Company
3252 Apple ton Dr.
Address
City/State and Zip Code
City/State and Zip Code
(hristie Marie Morgan@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(i) id 00
(hristie Morgani at 850, 212-5394
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup\$130.00 Filing Fee & Bilong Fee & \$\Bigcup\$\$ \$\Big
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
(===1.00.00 cop; 10 0.000000)
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations

Division of Corporation 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 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:
3252 Appleton Dr. 3252 Appleton Dr. Tallahassee, Fr. 32311 Tallahassee, Fr. 32311
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: Name Name
3353 Appleton Dr. Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32311 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)

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

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

hristie Morcan 262 Appleton Dr. Allahassee, FL. 32311 Jilliam Morcan S2 Appleton Dr. Allahassee, FL. 32311
Jilliam Morgan 52 Appleton Dr.
filing: 10/3/12 (OPTIONAL) c and cannot be more than five business days prior

(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)