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J. SAULSBERRY EXAMINER OCT 5 2012

## **COVER LETTER**

TO:	Registration of	on Section Corporations	*	4			**	
SUBJE	ЕСТ:	Family Financial Name of Limited	Fitness Liability Compar	ny				
The en	closed Article	es of Organization and fee(s) are su	bmitted for filing.					
Please	return all corr	respondence concerning this matter	to the following:					
		Jesse Edward	Friston ame of Person	e				
	<u>_</u>	F	irm/Company					
-		5145 Grandy	iew COU Address	<u>.</u> (+		TALL!	2912	
-		Tallahassee Citys			03	KETARY AHASSEE	<del>S-</del> 130	
-		fictor 4 (a) Vahoa.			· · · · · · · · · · · · · · · · · · ·	OF STA	PM 4: 50	
For furt	ther informati	on concerning this matter, please c	all:			DA DE	50	
	aly Na	McGlynn ame of Person	Area Code &	<u>567 - 6</u> k Daytime Telep	323 phone Number	r		
Enclos	ed is a check	c for the following amount:						
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	y	\$160.00 F Certificate Certified ( (additional o	e of Statu Copy	ıs &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton But 2661 Exect	f Corporations				

## 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 "Ll.C.")	· <del>-</del> -		
(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 Liab	ility Co	mpany	is:
Principal Office Address:  Mailing Address:			
5145 Grandview Court Some Tollahas seej FL. 32303			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	ignatur	' <b>e:</b> er	
The name and the Florida street address of the registered agent are:			
Jesse Edward Fristoe Name			
Name			
5145 Grandyow Ct.			
Florida street address (P.O. Box NOT acceptable)			
Tallahayee FL 32303 City, State, and Zip			
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the aregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chaptaland.	appointn e provis amiliar v	nent as ions of with an	<sup>c</sup> all
Registered Agent's Signature (REQUIRED)	SECRETAR TALLAHASS	2912 OCT -5	A.B. Labour
(CONTINUED)	E O		ינב) ו
Page 1 of 2	STATE FLORID	PH 4: 5(	

## 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 "MGRM" = Managing Membe	Name and Address:	
MGR	5145 Granlview (t. Tall, F.C. 32303	<del></del>
MGRM	Kethleen Mebezon (McG Sop Revery C1 Tallahassee, F. 32501	dynn)
<del>Mac Con</del>	de la constant de la	
(Use attachment if necessary)  LE V: Effective date, if other th  fective date is listed, the date n  days after the date of filing.)	an the date of filing: (Const be specific and cannot be more than five bus	OPTIONAL) siness days p
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (Const be specific and cannot be more than five bused and successful and succes	OPTIONAL) siness days p
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a in the date of filing.)	nust be specific and cannot be more than five bus	ment are true.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation of a management of the degree of the degree of the degree of the degree of the days after the date of filing.)	nember or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein a comparison submitted in a document to the Department of	ment are true. f State
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a in the date of filing.)	nember or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this docur in under the penalties of perjury that the facts stated herein a enformation submitted in a document to the Department of the felony as provided for in s.817.155, F.S.)  SEE LAWAY TYPE Typed or printed name of signee	ment are true.

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