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(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	= #)
		·
PICK-UP	☐ WAIT	MAIL
<u> </u>		
(D.,		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



700241048647

Effective Date 10/23/12

10/25/12--01010--010 **125.00

J. BRYAN

OCT 2 5 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Seanl	eany UC ited Liability Company	
The enclosed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
\$	oan le	h	
	tur te	Name of Person	<u> </u>
· · · · · · · · · · · · · · · · · · ·		Firm/Company	
	UNS	Stone St Address	
Del	and FL	32720	73121 TALES
	+ lupevo	City/State and Zip Code	. com En ci
For further information of	oncerning this matter, plea	I for future annual report notification)	SER R
Secon Name of	leahy	at (380) 873 - Area Code & Daytime Tele	PH 1: 35
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	Street/Courier Address Registration Section	

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 COMBANY
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:
TELAND, FL 30700 1716 N Stone St DELAND, FL 30700 30700
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.) Effective Date 10/23/12 The name and the Florida street address of the registered agent are:
SEAN leahy Name
1716 N Stone st Florida street address (P.O. Box NOT acceptable)
Deland, FC FL 32700 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)

Registered Avent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	
MGR	Sean leahy 1711e N Stone St Deland Fl 32720	
		
	SSECTION STR	
	De la companya de la	
	than the date of filing: 10/23/12 (OPTIONAL) must be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
Signature in a member or an authorized representative of a member.		
constitutes an affirmat I am aware that any fa	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of State ree 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)