## 112-000/39316

(Requestor's Name)		
(Address)		
(Address)		
(Addless)		
	····	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(= :	<b>,</b>	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
0 111 1 1	F. 00	
Special Instructions to Filing Officer:		





300241169203

11/01/12--01010--007 \*\*155.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RSG, FLori & Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Thomas R.I	Name of Person
	Wation Service Group, UC
PO BOX 2	28 <del>6</del>
	Address
Winderme	State and Zip Code Sg.CC
City + tom 6	/State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
T-R. Murray Name of Person	at ( 407 ) 425 440 ()  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	١
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Circle Tallahassee, FL 32301

SECRETARY OF STATE OF

## 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	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4203 Vineland Rd K-1 Orlando FL 32811	Po Box 3082 Windermere FC 34786			
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 re-	gistered agent are:			
Thomas R. Hurray				
4263 Vineland Rd K-1 Florida street address (P.O. Box NOT acceptable)				
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				
A Chun	M			
Registered Agent's Signatur	e (RÉQUIRED)			
(CONTINU	/ Into In a			
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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Thomas R. Murray POBOX 2282 Windermere El 34786
MORM	Christing Schofer Po Box 2282 Windermere FL 34786
MBR_	Chaistopher Anderson 1501 SW 19th St. Boca Raton, 71. 33485
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: Nov. 15+20/2 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

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.)

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)