

L12000150705

(Requestor's Name)

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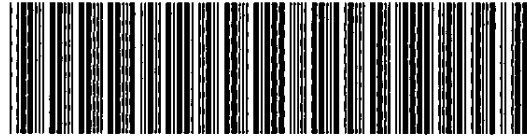
Effective date

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DEC - 8 2012

EXAMINER



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10/26/12--01031--008 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 29 PM 12: 26

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2012

BARBARA K MARTZ
2109 MISSISSIPPI AVENUE
SEBRING, FL 33875

SUBJECT: 2109 MISSISSIPPI AVE, LLC
Ref. Number: W12000055655

FILED
12 OCT 29 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 2109 MISSISSIPPI AVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 26, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 512A00026659

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2109 Mississippi Ave, LLC
Name of Limited Liability Company

FILED
12 OCT 29 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara K Martz
Name of Person

2109 Mississippi Ave, LLC
Firm/Company

2109 Mississippi Ave
Address

Sebring, Fl. 33875
City/State and Zip Code

yankee6098@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara K Martz at (**863**) **381-2371**
Name of Person Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2109 Mississippi Ave, LLC

(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:

5000 SR 66
Sebring, Fl. 33875

Mailing Address:

5000 SR 66
Sebring, Fl. 33875

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:

Barbara K Martz

Name

5000 SR 66

Florida street address (P.O. Box NOT acceptable)

Sebring, Fl. 33875 FL

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.

Barbara K. Martz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12 OCT 29 PM 12:26
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TALLAHASSEE, FLORIDA

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:

MGR

John L Martz
5000 SR 66
Sebring, Fl. 33875

MGRM

Barbara K Martz
5000 SR 66
Sebring, Fl. 33875

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/2/2012. (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:

Barbara K. Martz

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.)

Barbara K Martz

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)