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TO ACKNOWLEGE

13 JAN 23 PM 4: 01

B. BOSTICK

JAN 2 3 2013

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SUBJE	$\bigcirc$ .	chard Onk	ed Liability Company	
The enc	losed Articles of	Organization and fee(s) are s	submitted for filing.	
Please r	eturn ali corresp	ondence concerning this matter	er to the following:  Name of Person	
-	<b>3</b> 75 (	John Knox	Firm/Company  Address	13 JAN SECRETA
-	tallah	assee 12	3230 Q y/State and Zip Code	\$5 23 1°
_	stym		or future annual report notification)	FLORDTE 0
For furt	her information	concerning this matter, please	call:	
<u>آراز</u>	Acad. (	Onkey of Person	at ( \( \frac{\frac{45\to}{}}{\text{Area Code & Daytime Teleph}} \)	1/15 hone Number
Enclos	ed is a check fo	or the following amount:		
□\$125.0	00 Filing Fce	□\$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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:    Company   Company
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  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
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  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
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  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
Principal Office Address:  275 John Kux Kd. 470  Jallahassee 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  Mailing Address:  Mailing Address:  Mailing Address:  Agent's Signature:  The name and the Florida street address of the registered agent are:  Name
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:    10   10   10   10   10   10   10   1
(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 Name
クリ レ - 01 世 い コ ヨ ヨ
Florida street address (P.O. Box NOT acceptable)  Tallahussee FL 32332  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)

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	Name and Address:		
"MGRM" = Managing Member  MG (R M)	Richard ONKey 275 John Knox Rd. #4101 Tallahassee Fd. 32302		
·	AHLIAR)		
·			
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·		
	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days )		
REQUIRED SIGNATURE:	nber or an authorized representative of a member.		
constitutes an affirmation un I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)		
Victoral	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)