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(Requestor's Name)		
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J. SAULSBERRY EXAMINER FEB 13 2013

## **COVER LETTER**

TO: Registration S Division of Co					
	*	dowy Howell Land Liability Company	<u></u>		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
	ondence concerning this matt	,	<del></del>		
Firm/Company					
5070	Cooke R	A			
	Cooks R	Address	N. 2		
TALLA	HASSEE FL	32305 y/State and Zip Code	93 FE		
***************************************	Cit	y/State and Zip Code			
<del>.</del>	E-mail address: (to be used	or future annual report notification)			
For further information concerning this matter, please call:					
JERRY AN	of Person	_ at (_ & & O) <u>3 21 ;</u> Area Code & Daytime Tele	5 3 0 C		
Enclosed is a check f	or 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 Fec, 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 COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
TERRY Asthory Howell 22c (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:	
JERRY ANTHON HOWELL SERRY ANTHONY HOWELL SOTO COOKS RD TALAH ASSET FL 32305 TALAHASSED PL 32305	
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 arc:	
Name	ī
Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	,
TAZLAHISSEE FL FL 32305 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 all statutes relating to the proper and complete performance of my duties, and I am familiar wi and accept the obligations of my position as registered agent as provided for in Chapter 608, F.	s of th

(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>	Name and Address:
•	"MGR" = Manager "MGRM" = Managing M	ember
	MGFM	STRRI ANTHONY HORELL 5070 Cooks Rd TALLAHASSEE FL 30305
		TALLAHASKEE FL 32305
	<del></del>	
	· .	
•		
	(Use attachment if necess	ary)
(If an	•	other than the date of filing: (OPTIONAL)  e date must be specific and cannot be more than five business days  e of filing.)
		•
	REQUIRED SIGNATU	RE:
	(	Dung A Hawell
	Signate	re of a member or an authorized representative of a member.
	constitutes an aff I am aware that a	with section 608.408(3), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.)
	20	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)

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