

(Requestor's Name)				
(Address)				
(Address)				
(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600249286286

06/27/13--01020--018 **130.00

2013 JUN 27 AM II: 23

B. BOSTICK
JUN 2 8 2013
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Panela R. Lagattalla Name offerson	
-	Name of Person	
	Enavus LLC.	
•	Firm/Company	
-	4125 Capital Drive	
-	Address Palm Harbor FL 34685 FE City/State and Zip Code Pamela. lagattolla@grail. Com E-mail address: (to be used forthfure annual report notification) ther information concerning this matter, please call:	W INGEN
	panela. lagattolla@quail. com	inerare to a seri
-	E-mail address: (to be used for inture annual report notification)	-)
For furt	ther information concerning this matter, please call:	1
<u>\(\lambda \) \</u>	Name of Person at (727) 510 - 1/87 & Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□\$125.0	00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:				
The name of the Lin	nited Liability Company is:				
	ENAVUS L	L.L.C.			
(Mus	t end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Add	lragg.				
		ncipal office of the Limited Li	iability Co	mpany	is:
	·	•	•		
Principal Office Ac	ddress:	Mailing Address:			
4125	Copital Drive	4125 Copital 3)rive		
Palm Ho	Copital Drive Surbon FL 34685	Paln Harbor FL	3468	5	
	npany cannot serve as its own Register	Office, & Registered Agent' red Agent. You must designate an indiv	ridualior anot	₩	
The name and the Florida street address of the registered agent are:				7	
	William V. L	agattulla II	SS	27	E CONTRACTOR
-	Name			I	11
	4125 Capit	al Drive		A	
-	Florida street addr Palu Harbu	ess (P.O. Box <u>NOT</u> acceptable) FL 34685		ည	
	City, Stat	e, 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGERM 51%	Panela R. Lagattolla 4125 Capitul Dr Palm Harbor FL 34685
maem 491.	Willow V. Lagatbolla II 4125 Capital Dr. Pala Harbor FL 34685
	ZOIB JUN 27 A SILVIE SARY OF ALLAHASSEE
(Use attachment if necessary)	AMI: 23
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must rior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member	2 R. Jajultula or an authorized representative of a member.
(In accordance with section 608, constitutes an affirmation under I am aware that any false information constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional)	ization and Designation