L17000139139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

W13-48651

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2013

MATTIE BROOKS
8218 LEXINGTON VIEW LANE
ORLANDO, FL 32835

SUBJECT: CATEGORY 9 L.L.C.
Ref. Number: W13000049651

We have received your document for CATEGORY 9 L.L.C. and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00021138

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CATEGORY 9 L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MATTIE J. BROOKS
Name of Person

CATEGORY 9 L.L.C.
Firm/Company

8218 LEXINGTON VIEW LANE
Address

ORLANDO, FLORIA 32835
City/State and Zip Code

doll@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simmie W. Burns at (772) 971-5898
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:

Amanda's
CATEGORY 9 L.L.C

(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:**
~~MATTIE J. BROOKS~~ 8218 Lexington View Lane	8218 LEXINGTON VIEW LANE ORLANDO, FL 32835
~~RAFOS J. BURNS~~	~~2207 AVENUE O, FORT PIERCE, FL 34950~~
~~SUMMIE H. BURNS~~ Orlando, Fl 32835	~~[illegible] FLORIDA FL [illegible]~~

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:

MATTIE J. BROOKS
Name

8218 LEXINGTON VIEW LANE
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL. 32835 FL
City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV - Managers or Managing Members

The name and address of each Manager or Managing Member:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	MATTIE J. BROOKS 8218 LEXINGTON VIEW LANE ORLANDO, FL 32835
MGRM	RUFUS J. BURNS 2907 AVENUE 'O' FORT PIERCE, FL. 34950
MGRM	RUBY BURNS BAKER 2725 N.W. 45TH PLACE GAINESVILLE, FL. 32605
MGRM	SIMMIE W. BURNS 9304 NATURE'S WAY FORT PIERCE, FL 34945

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPT. 01, 2008 (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 608.4076(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.)

MATTIE J. BROOKS
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)