## 

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

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FFFECTIVE DATE

1-1-2014

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EXAMINER
DEC 3 0 2013

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	ст:	lee Key's Name of Limit	reasures, Ll	
The enc	losed Articles of	Organization and fee(s) are s	submitted for filing.	
Please re	eturn all corresp	ondence concerning this matt	er to the following:	
		ERI	KA HALL	
_			Name of Person	
· -			N. (0	
	,	. 1	Firm/Company	
_	550	5 Hampt	Maddress Oak Ma	ace_
	Tal		Address 22211	
-	141	<u>laviassee</u>	V/State and Zip Code	
	blesse			. Com
		E-mail address: (to be used f	or future annual report hotification)	
For furth	ner information of	concerning this matter, please	call:	_
E	rika t	tall	_ ;;; (	-4660
	Name (	of Person	Area Code & Daytime Telep	hone Number
Enclose	ed is a check fo	or the following amount:		
\$125.0	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	Street/Courier Address Registration Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		EFFECTIVE
Meekey's Treasure (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")	EFFECTIVE DATE
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lie	ability Company is:
Principal Office Address:	Mailing Address:	
5505 Hampton Oak Place Tallahassee, FL 32311	5505 Hampton On Tallahassee, FL	k Placo. 32311
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	edica 7
Erika	Hall	
SEAT Lanut	on Oak Place	
	fress (P.O. Box <u>NOT</u> acceptable)	新元 PH 12: 17.08 17.08
<u>Tallahassee</u> City, Sta	FL 32311 ate, and Zip	12: 15 SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
Having been named as registered agent and to a liability company at the place designated in t registered agent and agree to act in this capac	his certificate, I hereby accept thity. I further agree to comply wi	he appointment as ith the provisions of
all statutes relating to the proper and complete and accept the obligations of my position as re		
The local	m Heop	
Registered Agent's Signat	ure (REQUIRED)	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager	(s) or Mana	iging Member(s)	:
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ERIKA HALL 5505 Hampton Oak Place
MGRM	Mamie Hall 5833 Marblewood Lane Tall, FL 32309
<del></del>	
<del></del>	
(Use attachment if necessary)  ARTICLE V: Effective date, if other the date is listed, the date	nan the date of filing: 112014 (OPTIONAL) e must be specific and cannot be more than five business days
prior to or 90 days after the date of fil	
REQUIRED SIGNATURE:	member or an authorized representative of a member.
(In accordance with seconstitutes an affirmation	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Evika M Har Typed or printed name of signee