# L16000050731

(Requ	iestor's Name	)
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03-15/16

# COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	PARKER ENTERPRISES I, I	L.C.
ocasher.	Name	of Limited Liability Company
The enclose	d Articles of Organization and fe	e(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the following:
	JAMES A. PARKER	
-		Name of Person
	PARKER ENTERPRISES I, L.	L.C.
-		Firm/Company
	POST OFFICE BOX 1082	
•		Address
	OCOEE, FLORIDA 34761-108	2
n	arkerenterprises@aol.com	City/State and Zip Code
<u> </u>	· ····	e used for future annual report notification)
For further int	formation concerning this matter	, please call:
J	AMES A. PARKER	407 802 - 5667
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amoun	C C C C C C C C C C C C C C C C C C C
]\$125.00 Fili	ng Fee \$130.00 Filing Fe Certificate of Sta	
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2016

JAMES A PARKER PO BOX 1082 OCOEE, FL 34761-1082

SUBJECT: PARKER ENTERPRISES LLC

Ref. Number: W16000011315

We have received your document for PARKER ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 416A00003166

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

JAMES A PARKER PO BOX 1082 OCOEE, FL 34761-1082

SUBJECT: PARKER ENTERPRISES LLC

Ref. Number: W16000011315

We have received your document for PARKER ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 916A00004186

Division of Comparations P.O. ROY 6227 Tallahassaa Florida 22214

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:	•				
PARKER ENTERPR (Must end	RISES I, L.L.C. with the words "Limited	d Liability Company	y, "L.L.C.," or "LLC.")	<del></del>		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal (	office of the Limited	Liability Company is:			•
Princip	al Office Address:		Mailing Address:			
PARKER ENTERPR 800 PECORI TERRA OCOEE, FLORIDA	\CE	POS	KER ENTERPRISES I, L.L.C. TOFFICE BOX 1082 DEE, FLORIDA 34761-1082	<del></del>		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or	TAL	.16	
The name and the Florida street a	address of the registered	i agent are:		CREI	HAR	MESTER AND
	JAMES A. PARKEI	ર		HASSE	=	OPPOSED
		Name			7	7 1
	800 PECORI TERR	ACE		13. 	£.	
	Florida street addres	s (P.O. Box NOT ac	cceptable)	STATE: LORIDA	C.TI	The same
	OCOEE,	FLORIDA	34761-5027	A	0	•
	City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	JAMES A. PARKER		
	800 PECORI TERRACE		
	OCOEE, FLORIDA 34761-5027		
AMBR	KRYSTAL M. PARKER' PATTERSON		
	1605 PICKARD CIRCLE		
	APOPKA, FLORIDA 32703		
AMBR	WENDY L. BLAIR		
ANIBR	5439 BLUEBERRY DRIVE		W7.5:
	ORLANDO, FLORIDA 32811-2103	7	
	OKEANDO, I EOKIDA 32811-2103	<del>-20</del>	<b>973</b>
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as

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)

ARTICLE IV-