

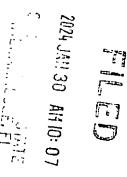
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(2000)
(Document Number)
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Consideration to Siling Officer
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## **COVER LETTER**

TO:	New Filing Sec Division of Cor					
		St Augustine	Enterpris	es LLC		
SUBJE	СТ:	Name of Lin	ited Liabi	lity Company		
The enc	losed Articles of	Organization and fee(s) are	submitte	d for filing.		
Please r	eturn all correspo	ondence concerning this ma	tter to the	following:		
			Pa	ul Svacina		
			Name o	f Person	<u> </u>	
		St Au	gustine E	nterprises LLC		
	·		Firm/C	ompany		
		416 Servi	a Drive			
			Add	ress		
			St. John	s, FL 32259		
			ity/State a sac@424z	nd Zip Code com	·····	
	E	E-mail address: (to be used	for future	annual report notification	on)	
For furth	er information co	ncerning this matter, please	call:			
	Paul Svacina	<b>a 42</b> at (	4	242-9004		
	Nam		rea Code	Daytime Telephone	Number	
Enclose	ed is a check for the	he following amount:				
□\$125	.00 Filing Fee	■\$130,00 Filing Fee & Certificate of Status	Certil	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified C	opy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810	WEN JAH 30 AH

3/-

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	St Augustine En	terprises LLC	
(Must conta	in the words "Limited Liz	ability Company,	"L.L.C.," or "LLC.")
E II - Address: ing address and street ad	dress of the principal offi	ice of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
416 Servia Drive		416 :	Servia Drive
St. Johns, FL 32259 E III - Registered Age ited Liability Company usiness entity with an a	nt, Registered Office, &	Registered Agent ()	ohns, FL 32259
St. Johns, FL 32259  LE III - Registered Age ited Liability Company ousiness entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration.	Registered Agent. You	ohns, FL 32259
St. Johns, FL 32259  LE III - Registered Age ited Liability Company ousiness entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration.  ddress of the registered a	Registered Agent. You	ohns, FL 32259
St. Johns, FL 32259  LE III - Registered Age ited Liability Company ousiness entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration.  ddress of the registered a	Registered Agent (a)  gent are:  C  Name	ohns, FL 32259
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St. Johns, FL 32259  LE III - Registered Age ited Liability Company ousiness entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration.  ddress of the registered a Registered Agents Inc.	Registered Agent (St. 3)  gent are:  C  Name	ohns, FL 32259  It's Signature: You must designate an individu

Hplfu dI

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE	IV.
721	

The name and address of each person authorized to manage and control the Limited Liability Company:

	BR Xiaoyan Svacina  attachment if necessary)  Effective date, if other than the date of filing:				
We attachment if necessary)  V: Effective date, if other than the date of filing:	e attachment if necessary)  Effective date, if other than the date of filing:				
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		This document is executed it am aware that any false inficonstitutes a third degree fel	ormation submitted in a do ony as provided for in s.81 yped or printed name of si	17,155, F.S.	HAP 5707
S 5.00 Certificate of Status (Optional)		This document is executed in a maware that any false information constitutes a third degree fele	ormation submitted in a do ony as provided for in s.81  yped or printed name of si  Filing Fees:	17.155, F.S.	ZUZY JAN 30
- u - Van	30.00 Certified Copy (Optional)	This document is executed in a maware that any false information constitutes a third degree felection.  The Filing Fee for Articles of Organ Certified Copy (Optional)	ormation submitted in a do ony as provided for in s.81  yped or printed name of si  Filing Fees:	17.155, F.S.	
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## **ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<b>Title:</b> 'AMBR" = Au	thorized Member –		
'MGR" = Mar			
AMBR	<i>S</i>	Paul Svacina	
AMBR		Xiaoyan Svacina	
<u> </u>		Madyarovasiia	
		<del></del>	
	<del>.</del>		
	<del></del>		
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