

LO7000038897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

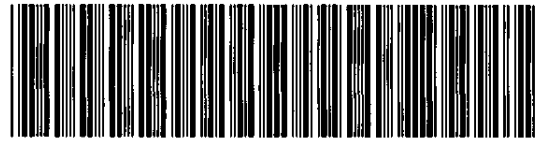
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*4-11
Clt*



600092223856

04/11/07--01009--019 *\$125.00

RECEIVED
07 APR 11 AM 11:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 APR 11 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/S/Zip

850-222-2785

Phone #



CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- 9240 Associates, llc

2-

3-

4-

07 APR 11 PM 12:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Walk-in

Pick-up time ASAP

Certified

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is:

9240 ASSOCIATES, LLC.

ARTICLE II – ADDRESS

The mailing address and street address of the Limited Liability Company is:

Mailing Address: c/o David E. Olmsted
Olmsted & Wilson, P.A.
17801 Murdock Circle, Suite A
Port Charlotte, FL 33948

Street Address: 17801 Murdock Circle, Suite A
Port Charlotte, FL 33948

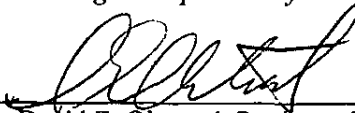
**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT’S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

David E. Olmsted
Olmsted & Wilson, P.A.
17801 Murdock Circle, Suite A
Port Charlotte, FL 33948

FILED
07 APR 11 PM 12:39
SECRETARY OF STATE
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.



David E. Olmsted, Registered Agent

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by its members and is, therefore a member – managed company.



David E. Olmsted, Authorized Representative of a Member

(In accordance with Section 608.403(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the acts stated herein are true).