## 109000108280

(Requ	estor's Name)	
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P!CK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	,
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
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Office Use Only



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SECRETARY OF STATE

D. BRUCE

NOV 10 2009

**EXAMINER** 

## **COVER LETTER**

_	f Corporations		
SUBJECT:	Early Sta	ge Technologies, LLC.	
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
<del></del>	Rot	pert A. Kirschner	
		Name of Person	
			Ãs -
		Firm/Company	ECR LAA
	707 S. G	ulfstream Ave. #101	OV -
-		Address	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Sar	asota FL 34236	FLOOF
	Cit	ty/State and Zip Code	22 RIDA
<del></del>	rakirsc E-mail address: (to be used	hner@netscape.net for future annual report notification)	
For further informat	ion concerning this matter, please	e call:	
Robe	ert A. Kirschner	at ( 941 ) 706	5-2407
Na	ume of Person	Area Code & Daytime Telepho	one Number
Enclosed is a chec	k for the following amount:		
	ee []\$130.00 Filing Fee &	THE ISS ON DILLING DOOR . THE	140 00 Eiling Egg
<b></b>	Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	ele

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:		
The name of the Lir	nited Liability Company	is:	
	Early Store Teels	analogica III.C	
(Mus	Early Stage Tech st end with the words "Limited List	ability Company," "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Add The mailing address		principal office of the Limited I	Liability Company is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
707 S. Gulfstream Sarasota FL 3423		707 S. Gulfstream Ave. 3 Sarasota FL 34236	<u>#101</u>
The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Restive Florida registration.)  lorida street address of the	red Office, & Registered Agent gistered Agent. You must designate an indice registered agent are:  . Kirschner	
-	Name		FS 3 M
	707 S. Gulfstre	eam Ave. #101	STA TO
•	Florida street address (P.	.O. Box NOT acceptable)	<b>PH 22</b>
_	Sarasota FL 34236	FL	
	City, State	, and Zip	
liability company registered agent and statutes relating to	y at the place designated in d agree to act in this capac to the proper and complete	to accept service of process for the n this certificate, I hereby accept with the city. I further agree to comply with performance of my duties, and I desistered agent as provided for in	the appointment as th the provisions of all am familiar with and
	Rbot A. Kill		
	Registered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

## Page 1 of 2

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

<u>Title:</u>	Name and Address:	
"MGR" = Manag		
"MGRM" = Man	aging Memoer	
MGRM	Robert A. Kirschner	
	707 S. Gulfstream Ave. #101	
	Sarasota FL 34236	
<del></del>		
** ***********************************		
(Use attachment	f necessary)	
(Osc attachment)	i necessary)	
RTICLE V: Effective	late, if other than the date of filing: (OPTIONAL)	
f an effective date is list	red, the date must be specific and cannot be more than five business days pr	ioi
or 90 days after the da	te of filing.)	
REQUIRED SIG	NATURE:	
	Med A. Kivila	
	Signature of a member or an authorized representative of a member 5000000000000000000000000000000000000	1
	Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjust that the facts stated herein are true.)	-
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjustion that the facts stated herein are true.)	1
	Robert A. Kirschner	ı
	Typed or printed name of signee	
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)