

L03000027001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

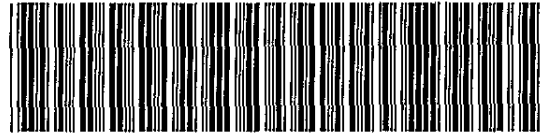
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/03--01022--018 **250.00

BK

RECEIVED
03 JUL 23 AM 10:50
DIVISION OF CONSUMER PROTECTION

FILED
03 JUL 23 AM 11:12
TALLAHASSEE, FLORIDA

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

FILED
03 JUL 23 AM 11:12
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

1. POIVERT, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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
OF
POIVRET, LLC**

We, the undersigned as organizers and only members of a limited liability company, under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

**ARTICLE I
NAME**

The name of the limited liability company shall be **POIVRET, LLC**.

**ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS**

The address of the principal office of this limited liability company is **104 S. Park Avenue, Sanford, FL 32771**, and the mailing address shall be the same. This limited liability company shall have the power and authority to establish branch offices at any other place or places as the members may designate.

**ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the limited liability company is **104 S. Park Avenue, Sanford, FL 32771**, and the name of the company's initial registered agent at that address is **J. Virgil Hurley, Jr.**

**ARTICLE IV
MEMBERS AND MANAGEMENT**

The management of the company is reserved to the members of the company, in proportion to their contribution to the capital of the limited liability company. The power to adopt, alter, amend or repeal the regulations of this limited liability company shall be vested in the members of the company.

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JUL 23 AM 11:12
TALLAHASSEE
STATE
FLORIDA

The names and addresses of the members of the company are:

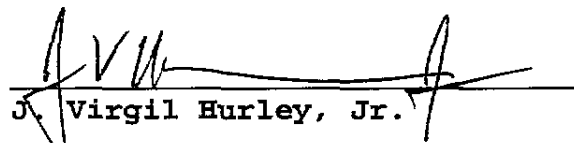
J. Virgil Hurley, Jr.
P.O. Box 471291
Lake Monroe, FL 32747

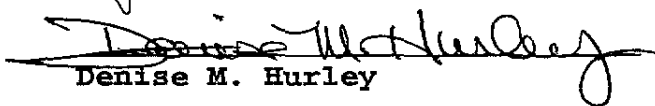
Denise M. Hurley
P.O. Box 471291
Lake Monroe, FL 32747

ARTICLE V
DURATION

The period of duration for this limited liability company shall be perpetual from the date of filing of the Articles of Organization with the State of Florida.

IN WITNESS WHEREOF, the undersigned organizers have executed these Articles of Organization of POIVRET, LLC., a limited liability company, this 21st day of July, 2003.



J. Virgil Hurley, Jr.

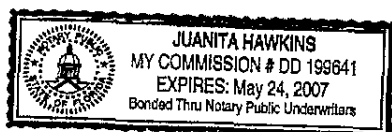

Denise M. Hurley

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by J. VIRGIL HURLEY, JR. and DENISE M. HURLEY, [☒] personally known to me, or [☐] who provided a Florida Driver License as identification, this 21st day of July, 2003.

(Affix notarial seal)


Notary Public-State of Florida
Print Name: _____



STATEMENT DESIGNATING REGISTERED AGENT AND OFFICE

STATE OF FLORIDA
COUNTY OF SEMINOLE

Pursuant to the provisions of Section 608.415 of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **POIVRET, LLC..**

2. The name of the registered agent for **POIVRET, LLC.,** is **J. VIRGIL HURLEY, JR.,** and the street address of the company's principal office where the agent is located is 104 S. Park Avenue, Sanford, FL 32771.

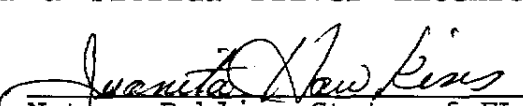
3. This statement is to acknowledge that, as indicated above, **POIVRET, LLC.,** has appointed me, **J. VIRGIL HURLEY, JR.,** as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent and agree 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.

Dated this 21st day of July, 2003.


J. Virgil Hurley, Jr.

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by **J. VIRGIL HURLEY, JR.,** agent on behalf of **POIVRET, LLC.,** a limited liability company. [✓] who is personally known to me or [] who provided a Florida Driver License as identification.

(Affix Notary Seal)


Notary Public; State of FL
Print Name: _____

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