

LO1000000633

Requester's Name

PO Box 50985

Address

Fort Myers, Fl. 33944-0985

City/State/Zip

Phone #

Office Use Only

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

000003513370--1

-12/26/00--01108--002

****155.00 ****155.00

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 12 PM 1:56

FILED

LO1-633
OR

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 29, 2000

JOANNA COHEY
PO BOX 50985
FORT MYERS, FL 33994-0985

SUBJECT: IRESON & COHEY HOME SERVICES
Ref. Number: W00000030331

We have received your document for IRESON & COHEY HOME SERVICES and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 100A00064856

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 12 PM 1:54

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ireson & Cohey Home ~~Services~~ ^{Services LLC}

ARTICLE II - Address:

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

mailing P.O. Box 50985

740 Nuna Ave Lot 11

F+ Myers FL 33905

F+ Myers FL 33905

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Joanna Cohey
Name
740 Nuna Ave Lot 11
Florida street address (P.O. Box **NOT** acceptable)
F+ Myers FL 33905
City, State, and 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 608, F.S..

Joanna Cohey
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Joanna Cohey
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 perjury that the facts stated herein are true.)

Joanna Cohey
Typed or printed name of signee

Filing Fees:

- ☒ \$100.00 Filing Fee for Articles of Organization
- ☒ \$ 25.00 Designation of Registered Agent
- ☒ \$ 30.00 Certified Copy (Optional)
- ☐ \$ 5.00 Certificate of Status (Optional)

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01 JAN 12 PM 1:54
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TALLAHASSEE, FLORIDA