

LO20000029460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

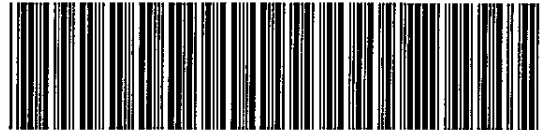
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200008668122

11/04/02--01119--007 **155.00

FILED
AND
02:00V-4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-05-02



JOHNSON, EUBANK PANKRATZ & COMPANY PA

Certified Public Accountants

ROBERT L. JOHNSON, CPA
MARJORIE O'NEALL EUBANK, CPA, CFP
RICHARD M. PANKRATZ, CPA, CFP, CLU, ChFC, CEBS

October 31, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Autumn Offering, LLC

Enclosed are the Articles of Organization for Florida Limited Liability Company, The Autumn Offering, LLC. A check for \$155 is enclosed for the filing fee, designation of registered agent and a Certified Copy.

Please send the acknowledgement of registration and Certified Copy to my attention.

Sincerely,

Robert L. Johnson, CPA

Enclosures

02 NOV -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

The Autumn Offering, LLC

ARTICLE II – Address:

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

113 Taylor Avenue
Daytona Beach, Florida 32114

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

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

Robert L. Johnson

Name

220 S. Ridgewood Avenue, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach, Florida 32114

City, State, and Zip

Having been named as registered agent and to accept service of process for the above state 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 compete 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.

Robert L. Johnson

Registered Agent's Signature

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

Robert L. Johnson

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.)

Robert L. Johnson

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)

02 NOV -4 AM 11:25
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA