

# L02000032436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
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Document

Examiner

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Office Use Only

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Director

DCC

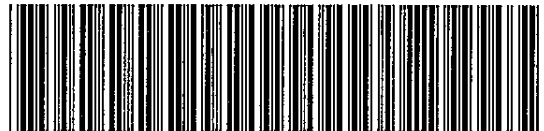
Director

acknowledgement

DCC

P. Verifier

DCC



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11/26/02--01065--010 \*\*160.00

RECEIVED  
FALLENBERRY, FLORIDA

02 NOV 26 PM 4:00

FILED

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

November 21, 2002

SUBJECT: The Great Inflate, LLC

Dear Sir/Madam:

Enclosed please find our check for the following filing fees for articles of organization of Florida Limited Liability Company:

\$100.00 Filing Fee for Articles of organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy  
\$5.00 Certificate of Status

Please send a letter of acknowledgment upon receipt of this filing.

FROM: Lane Reeder, The Great Inflate, LLC  
240 Stellar Court  
Ponte Vedra Beach, Florida 32082  
904-280-4436

*Lane Reeder*

FILED  
02 NOV 26 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Great Inflate, LLC

**ARTICLE II - Address:**

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

240 Stellar Ct., Ponte Vedra, Florida 32082

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

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

Lane Reeder

Name

240 Stellar Ct.

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

Ponte Vedra FL 32082

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.*

Lane Reeder

Registered Agent's Signature

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

Lane Reeder

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.)

Lane Reeder

Typed or printed name of signer

**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 2006  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA