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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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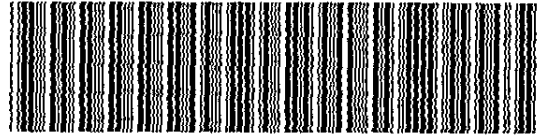
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul DiMarco
7493 Prescott Lane,
Lake Worth, Florida 33467
561-963-8881

December 14, 2001

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

Dear Sirs,

Pursuant to my recently submitted document for **PAD Creations, LLC**., I am sending this letter to which state that; I hereby am familiar with and accept the duties and responsibilities as Registered Agent of the above Company.

If you have any further questions concerning the document filing, Please contact me at 561-963-8881.

Thank you.

Sincerely,



Paul DiMarco

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAD CREATIONS, LLC.

ARTICLE II - Address:

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

7493 PRESCOTT LN. LAKE WORTH, FL. 33467

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

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

PAUL DIMARCO
Name
7493 PRESCOTT LANE
Florida street address (P.O. Box **NOT** acceptable)
LAKE WORTH FL 33467
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.

Paul Dimarco
Registered Agent's Signature

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

Paul Dimarco
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.)

PAUL DIMARCO
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)

03 JAN 15 10:11 AM
TALLAHASSEE
SECRETARY OF STATE
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