

L030000004331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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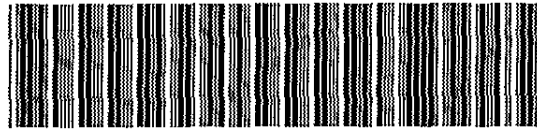
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 FEB -4 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
03 FEB -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

January 27, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed please find a completed "Articles of Organization for Florida Limited Liability Company" and a check for \$130 for the (1) Filing Fee - \$100, (2) Designation of Registered Agent - \$25 and (3) request for Certificate of Status - \$5.

These Articles are for the:

Sanibel Solutions, LLC
356 10th Street
Atlantic Beach, FL 32233

Best Regards



Todd L. James
Sole Owner of Sanibel Solutions, LLC
704.904.6740 (mobile daytime phone)
tljames@mindspring.com

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03 FEB -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Sanibel Solutions, LLC

ARTICLE II - Address:

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

356 10th STREET, ATLANTIC BEACH, FL 32233

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

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

Todd L. James
Name
356 10th STREET
Florida street address (P.O. Box **NOT** acceptable)
ATLANTIC BEACH, FL, 32233
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.

Todd L. James
Registered Agent's Signature

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

EFFECTIVE DATE
NOT REQUESTED

Todd L. James
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.)

TODD L. James
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) ✓

FILED
03 FEB -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA