

# L03000007788

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(Business Entity Name)

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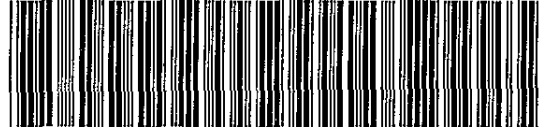
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Acknowledgement

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Eileen R. Fuller*  
*2046 Imperial Circle*  
*Naples, Florida 34110*

*February 27, 2003*

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

Dear Sirs:

Attached is the Articles of Organization for my company. Also enclosed, please find a check in the amount of \$160.00 which represents \$100.00 Filing Fee, \$25.00 Designation of Registered Agent, \$30.00 Certified Copy and \$5.00 Certificate of Status.

My address is 2046 Imperial Circle, Naples, Fl. 34110 and my daytime phone number is (239) 592-1872.

Sincerely,

  
EILEEN R. FULLER

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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: ENDLESS SPECIALTIES, LLC

### ARTICLE II - Address:

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

2046 IMPERIAL CIRCLE  
NAPLES, FL 34110

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

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

EILEEN R. FULLER

Name

2046 IMPERIAL CIRCLE

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

NAPLES FL 34110

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.

Eileen R. Fuller

Registered Agent's Signature

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

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.)

EILEEN R. FULLER

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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CLERK OF STATE  
TALLAHASSEE, FLORIDA