

L03000036481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

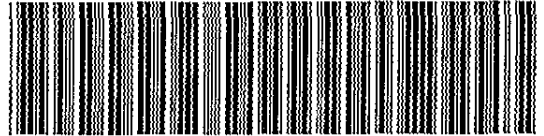
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/03--01004--008 **125.00

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DIVISION OF CORPORATIONS
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Joseph Philipose
8884 Laurel Drive
Pinellas Park, FL 33782

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

Subject: Application for Incorporation of a Florida Limited Liability Company

Sir/Madam

Please find enclosed the necessary application for a Florida Limited Liability Company Incorporation. As required I am providing the following information in the cover letter.

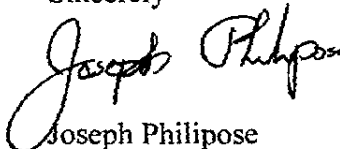
Name:
Joseph Philipose

Address:
8884 Laurel Drive
Pinellas Park, FL 33782

Day Time Telephone:
(727) 424-9842

I am enclosing a check for \$125 towards processing fee.
Your help in the expedited processing of this application will be most appreciated.

Sincerely


Joseph Philipose

September 17, 2003

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aeolus Systems LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Philipose
(Name of Person)

Aeolus Systems LLC
(Firm/Company)

8884 Laurel Drive
(Address)

Pinellas Park, FL, 33782
(City/State and Zip Code)

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For further information concerning this matter, please call:

Joseph Philipose at (727) 424-9842
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AEOLUS SYSTEMS LLC

ARTICLE II - Address:

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

Principal Office Address:

8884 Laurel Drive

Pinellas Park, FL, 33782

Mailing Address:

8884 Laurel Drive

Pinellas Park, FL, 33782

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

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

Joseph Philipose

Name

8884 Laurel Drive

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

Pinellas Park

FL

33782

City, State, and Zip

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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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

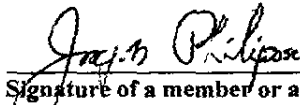
Name and Address:

MGR	Joseph Philipose
	8884 Laurel Drive
	Pinellas Park, FL, 33782

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

JOSEPH PHILIPPOSE

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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