

L03000054320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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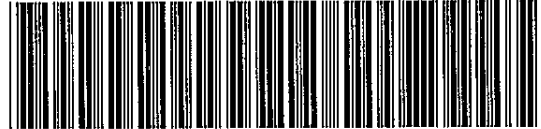
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 366887 7412635

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 160.00

ORDER DATE : December 18, 2003

ORDER TIME : 3:46 PM

ORDER NO. : 366887-005

CUSTOMER NO: 7412635

CUSTOMER: Mr. Gary E. Ittner
Ezon, Inc.

Suite 401
1100 Fifth Avenue S.
Naples, FL 34102-6407

DOMESTIC FILING

NAME: EZAL, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

03 DEC 18 PM 6:07
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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EZAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1100 FIFTH AVE SOUTH
STE 401
NAPLES, FL 34102

SAME

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

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

JACK O. TACKETT

Name

1100 FIFTH AVE SOUTH STE 401

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

NAPLES FLORIDA 34102

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, Florida Statutes..


Registered Agent's Signature

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:

MGRM

JACK O. TACKETT
1100 FIFTH AVE SOUTH #401
NAPLES, FL 34102

MGRM

O. JACK GOMEZ
1100 FIFTH AVE SOUTH #401
NAPLES, FL 34102

(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.)

JACK O. TACKETT
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)