

L 04000005169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

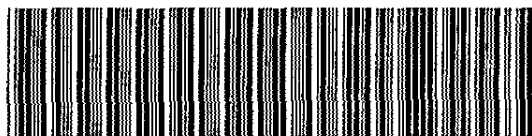
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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BK

RECEIVED
04 JAN 20 PM 1:22
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
04 JAN 20 AM 9:01
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
04 JAN 20 AM 9:01
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

04 JAN 20 AM 9:01
FILED
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- _____
- 2- SIBLING RIVALRY, LLC
- 3- _____
- 4- _____

- ☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION OF
SIBLING RIVALRY, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is **SIBLING RIVALRY, LLC.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 1861 Placida Road, Suite 204, Englewood, Florida 34223-4949.

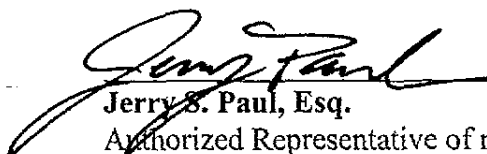
ARTICLE III - Registered Agent and Registered Office

The name and street address of the registered agent of the Company is **Jerry S. Paul**, 18401 Murdock Circle, Port Charlotte, Florida 33948.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.


IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 19th day of January, 2004.



Jerry S. Paul, Esq.
Authorized Representative of member

STATE OF FLORIDA)
) ss.
COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 19th day of January, 2004, by **JERRY S. PAUL, ESQ.** who is personally known to me or who has produced _____ as identification and who did take an oath.



Notary Public, State of Florida
My Commission Expires: _____

OFFICIAL NOTARY SEAL
LYNDA D LAFFERTY
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD151607
MY COMMISSION EXP. SEPT 22, 2006

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **SIBLING RIVALRY, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 19th day of January, 2004.


JERRY S. PAUL