

LO4000025089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

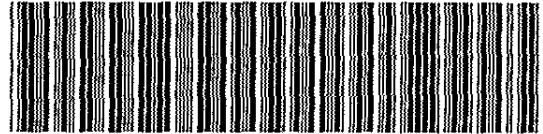
(Business Entity Name)

(Document Number)

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LO4-25089
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: At Home Notary Services, 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:

Lesli S. Alexander
(Name of Person)

At Home Notary Services, LLC
(Firm/Company)

531 Temple Street
(Address)

Satellite Beach, FL 32937
(City/State and Zip Code)

For further information concerning this matter, please call:

Lesli S. Alexander at (321) 779-1171
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHIEF OF BUREAU

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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:

AT Home Notary Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

531 Temple St.
Satellite Beach
FL 32937

Mailing Address:

SAME
←

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

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

Lesli S. Alexander
Name
531 Temple Street
Florida street address (P.O. Box NOT acceptable)
Satellite Beach, FL 32937
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, Florida Statutes..

Lesli S. Alexander
Registered Agent's Signature

