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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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423-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: For Millionaires Only 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:

Thomas J. Sheahan
(Name of Person)

For Millionaires Only
(Firm/Company)

3979 Bishopwood CT West Suite 201
(Address)

Naples, Florida 34114-3559
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J. Sheahan at (239) 777.5125
(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

04 APR 20 PM 2:13
RECEIVED
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

For Millionaires Only LLC

ARTICLE II - Address:

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

Principal Office Address:

3979 Bishopwood CT West

Suite 201

Naples, FL 34114-3559

Mailing Address:

3979 Bishopwood CT West

Suite 201

Naples, FL 34114-3559

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

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

Judith M. Sheahan

Name

3979 Bishopwood CT West Suite 201

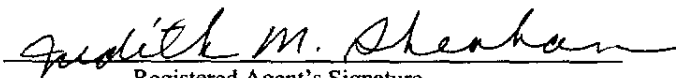
Florida street address (P.O. Box NOT acceptable)

Naples 34114-3559 FLORIDA

City, State, and Zip

04 APR 29 PM 2:11
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TALLAHASSEE, FL
FILED

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

Paul L. Mehes

21760 Southern Hills Drive

Esterro, FL 33928-7023

MGRM

Thomas J. Sheahan

3979 Bishopwood CT West Suite 201

Naples, FL 34114-3559

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas J. Sheahan
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.)

Thomas J. Sheahan
Typed or printed name of signee

04 MAY 20 20 2:10
STATE OF FLORIDA
CLERK OF THE COURT

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)