

W4000069463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

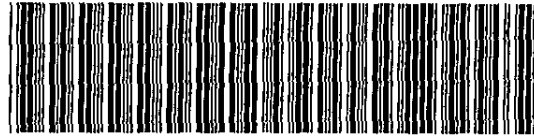
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W4000069463
af

PETER T. FLOOD
ATTORNEY AT LAW
125 NORTH AIRPORT ROAD, SUITE 202
NAPLES, FLORIDA 34104
TELEPHONE (239) 263-2177
FAX (239) 263-0787

August 31, 2004

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314


RE: Articles of Organization
Lick It Off, LLC

Gentlemen:

We are enclosing two executed copies of the subject Articles Of Organization, along with two checks, #1125 in the amount of \$85.00 and #3638 in the amount of \$40.00, totaling \$125.00 for same for processing. A stamped, self-addressed envelope is also enclosed for your convenience.

Thank you for your prompt attention to this matter.

Very truly yours,


Peter T. Flood, Esq.

Enc.

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DIVISION OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 8, 2004

PETER T. FLOOD
125 NORTH AIRPORT ROAD, SUITE 202
NAPLES, FL 34104

SUBJECT: LICK IT OFF, LLC.
Ref. Number: W04000033632

We have received your document for LICK IT OFF, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00053829

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PETER T. FLOOD
ATTORNEY AT LAW
125 NORTH AIRPORT ROAD, SUITE 202
NAPLES, FLORIDA 34104
TELEPHONE (239) 263-2177
FAX (239) 263-0787

September 16, 2004

Department of State
Division of Corporations
Ms. Tammi Cline, Document Specialist
P. O. Box 6327
Tallahassee, Florida 32314

RE: Lick It Off, LLC
Ref. Number: W04000033632

Dear Ms. Cline:

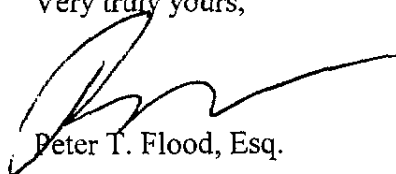
Responding to your letter of September 8, 2004, copy enclosed, regarding a mailing address for the registered agent, please use the following:

C. Michael Hawn
4410 Lakewood Boulevard
Naples, Florida 34112

The document for Lick It Off, LLC is also enclosed as requested.

Thank you.

Very truly yours,



Peter T. Flood, Esq.

Enc.

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
LICK IT OFF, LLC.**

The undersigned, for the purpose of forming a limited Liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I – NAME

The name of the Limited Liability Company shall be LICK IT OFF, LLC.

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the company is:

P. O. Box 366824
Bonita Springs, Florida 34136-6824

ARTICLE III – REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

C. Michael Hawn
4410 Lakewood Boulevard
Naples, Florida 34112

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

CORPORATE
STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

THE undersigned organizers have made and subscribed these articles of organization at Naples, Florida, on this 20th day of Sept, 2004.



Brenda K. Di Norcia
My Commission DD287738
Expires September 04, 2006

Brenda K. Di Norcia

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.)

C. Michael Hawn
C. Michael Hawn

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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