

L04000071344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

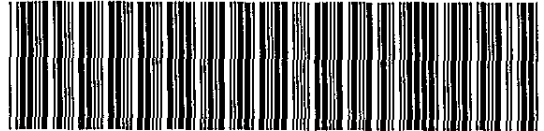
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900041253099

10/01/04--01005--005 **78.75

10/01/04--01024--019 **81.25

10/01/04

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 OCT - 1 AM 10:50

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT - 1 PM 1:06

FILED

04-36

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNDER PRESSURE 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:

DAVID M. NEWMAN
(Name of Person)

UNDER PRESSURE LLC.
(Firm/Company)

419 SE Happy valley RD
(Address)

High Springs, FL 32643
(City/State and Zip Code)

For further information concerning this matter, please call:

David M. Newman at 352 359-1802
(Name of Person) (Area Code & Daytime Telephone Number)
~~336 454-9357~~

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

419 SE Happy
valley RD
High Springs FL
32643

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
04 OCT -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sam

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNDER PRESSURE 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:

17525 NW 238 Terr
High Springs FL 32643

FILED
04 08 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

David M. Newman
Name

17525 NW 238 Terr High Springs
Florida street address (P.O. Box **NOT** acceptable)

FL 32643
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, F.S..

[Signature]
Registered Agent's Signature

(CONTINUED)

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

Michael Stinnett
419 SE Happy Valley Glen
High Springs, FL 32643

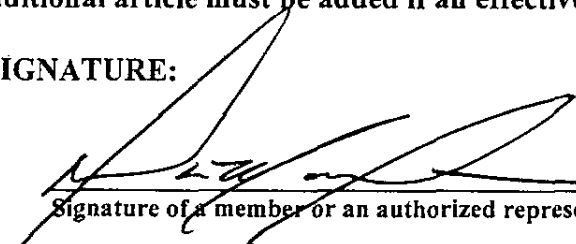
MGRM

DAVID M. NEWMAN
17525 NW 238 Terr.
High Springs FL 32643

(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.)

David M. Newman
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)

FILED
04 OCT -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA