

L04000080466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4-5-01-019 **155.00

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TRANSMITAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phacts, Ltd. Co.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marshall Lopez

Phacts, Ltd. Co.

203 Meadow Hills Dr.

Sanford, Florida 32773

For further information concerning this matter, please call:

Marshall Lopez at **(407) 491-8711**

Enclosed is a check for the following amount:

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - Name

The name of the Limited Liability Company is:

Phacts, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

**203 Meadow Hills Dr.
Sanford, Florida 32773**

Mailing Address:

**203 Meadow Hills Dr.
Sanford, Florida 32773**

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

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

**Marshall Lopez
203 Meadow Hills Dr.
Sanford, FL. 32773**

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

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(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 Marshall Lopez

203 Meadow Hills Dr.
Sanford, FL. 32773

MGR Elsa Lopez

203 Meadow Hills Dr.
Sanford, FL. 32773

MGR Betsy Lopez

203 Meadow Hills Dr.
Sanford, FL. 32773

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.)

Marshall Lopez

Typed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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