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SECRETARY OF STATE  
TALLAHASSEE, FL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

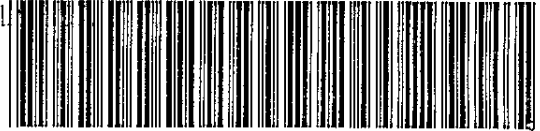
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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Fumz LLC

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

Please return all correspondence regarding this matter to the following:

Jami L. Schuster  
Pillar Concepts, LLC  
450 S.R. 13 North, Suite 106-131  
Jacksonville, FL 32259

For further information concerning this matter, please call:  
Jami Schuster at (904) 704-9442

Enclosed is a check for the following amount: \$ 160.00  
✓ \$160 filing fee, certificate of status and certified copy

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

**ARTICLE I – Name**

The name of the Limited Liability Company is Fumz LLC.

**ARTICLE II – Address**

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

Fumz LLC  
450 S.R. 13 North, Suite 106-131  
Jacksonville, Florida 32259

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

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

Jami Schuster  
450 S.R. 13 North, Suite 106-131  
Jacksonville, FL 32259

*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 provide for in Chapter 608, F.S..*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

**Title**  
MGMR

**Name and Address**  
Pillar Concepts LLC  
450 S.R. 13 North, Suite 106-131  
Jacksonville, FL 32259

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TALLAHASSEE, FLORIDA

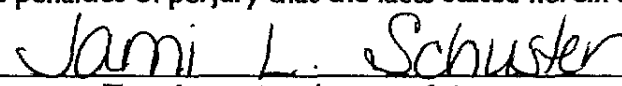
**ARTICLE V – Effective Date**

The effective date for formation of the limited liability company, Fumz LLC, shall be November 1, 2004.

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.)

  
\_\_\_\_\_  
Typed or printed name of signee