

L05000013423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

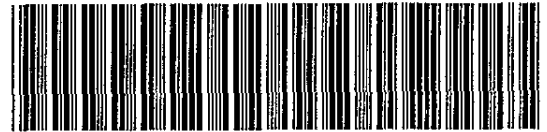
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W05-4980

Office Use Only



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01/21/05--01028--022 **160.00

05 FEB -9 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLUC
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FF \$125
cc/cus 35

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Datapoint Toner Network 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:

John A Barsotti
(Name of Person)

Datapoint Toner Network LLC
(Firm/Company)

838 mcdonald rd
(Address)

Port Orange, Fl 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

John Barsotti at (386) 767-5863
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 31, 2005

JOHN A. BARSOTTI
DATAPOINT TONER NETWORK LLC
838 MCDONALD RD.
PORT ORANGE, FL 32129

SUBJECT: DATAPOINT TONER NETWORK LLC
Ref. Number: W05000004980

We have received your document for DATAPOINT TONER NETWORK LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word "McDonald" is misspelled in several places throughout your document. Please correct the spelling accordingly and return your document for processing.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 805A00006796

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Datapoint Toner Network LLC

ARTICLE II - Address:

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

Principal Office Address:

838 McDonald rd M^c DONALD RD
Port Orange, FL 32129

Mailing Address:

same

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

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

John A. Barsotti

Name

838 Mcdonald rd

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

port Orange, FI 32129

FL

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -9 AM 11:00

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

(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:

MGR

John A. Barsotti

838 McDonald Rd

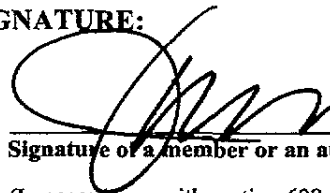
Port Orange, Fl. 32129

McDonald Rd

(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.)

JOHN A. Barsotti

Typed or printed 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)