

LD5000092346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

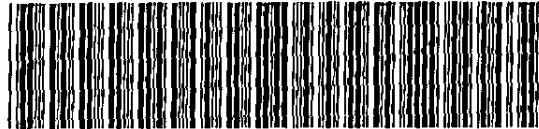
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400059003174

08/12/05--01048--025 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 PM 12:32

N. Gullone SEP 20 2005

HECTOR WILLEMS RODRIGUEZ

P. O. BOX 1925
CASSELBERRY FL 32718-1925
TEL. 407-339-6310
FAX. 407-339-8441

September 1, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL 32314

Ref.: Incorporation of FIFTY FINGERS, LLC

Enclosed is an original and one copy of the Articles of Organization and a check for:

\$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent;
\$ 30.00 Certified Copy; and
\$ 5.00 Certificate of Status

\$ 160.00 Total

Héctor Willems Rodríguez
P.O. BOX 1925
CASSELBERRY FL 32718-1925

**ARTICLES OF ORGANIZATION
OF
FIFTY FINGERS, LLC**

In compliance with the requirements of F.S. chapter 608, the undersigned, being a natural person, hereby acts as an incorporator in adopting and filing the following Articles of Organization, for the purpose of organizing a Limited Liability Company:

**ARTICLE I
Name**

The name of the Limited Liability Company shall be:

FIFTY FINGERS, LLC

**ARTICLE II
Principal place of business and mailing address**

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

Principal Office Address

1457 Lambert Street
Deltona, FL 32725

Mailing Address

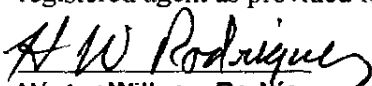
Same

**ARTICLE III
Registered Agent, street address and signature**

The name and street address of the Registered Agent is:

Hector Willems Rodriguez
230 Carriage Hill DR
Casselberry, FL 32707

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.


Héctor Willems Rodríguez
Signature/Registered Agent

Date: September 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 PM 12:32

Fifty Fingers, LLC

pg ...2

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)

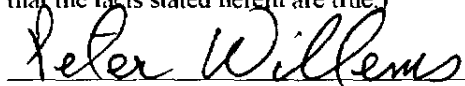
Name and Address:

PETER WILLEMS MGR

1457 Lambert Street
Deltona, FL 32725

Required Signature:

(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.)



PETER WILLEMS MGR

Signature of a member or an
authorized representative of a member.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 PM 12:32