

LD5000092833

(Requestor's Name)

Matthew Sloan  
1418 SW 13<sup>th</sup> Terrace  
Cape Coral, FL. 33991

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

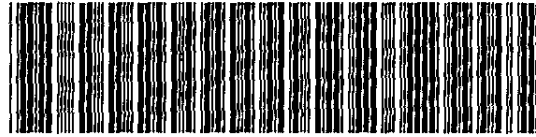
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 21 PM 3:53

N. Culligan SEP 21 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 8, 2005

MATTHEW SLOAN  
1418 SW 13TH TERRACE  
CAPE CORAL, FL 33991

SUBJECT: MATT SLOANS' KUSTOMS LTD. CO (DBA) COVERED IN KOMICS  
Ref. Number: W05000041798

We have received your document for MATT SLOANS' KUSTOMS LTD. CO (DBA) COVERED IN KOMICS and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can file using only the corporate name delete any reference to the "doing business as name" in the document. You also sent in an amendment form but what are you trying to amend? If you are wanting to file a DBA name you need to fill out a fictitious name application. If you are wanting to file a fictitious name you will need to send an additional \$20.00.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 005A00055870

*Please file only Articles of Organization at the specified amount and return the difference @ of \$30.00*

*Thank You*

*Matthew Sloan*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Matt Sloan's Komic Kustoms Ltd.Co.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1418 SW 13th terrace

Cape Coral, FI 33991

**Mailing Address:**

1418 SW 13th terrace

Cape Coral, FI 33991

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Martin Leininger

Name

3518 SE 17th place

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

Cape Coral, FL. 33904

FL

City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

Page 1 of 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:**

President/owner

Matthew Sloan

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

Matthew Sloan

\_\_\_\_\_  
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)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Matt Sloan's Komic Kustoms Ltd.Co.  
(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:

Matthew Sloan  
(Name of Person)

Matt Sloan's Komic kustoms Ltd.Co.  
(Firm/Company)

1418 SW 13th terrace  
(Address)

Cape Coral, FL. 33991  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Sloan at ( 239 ) 940-4373  
(Name of Person) (Area Code & Daytime Telephone Number)

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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301