

LOS000100512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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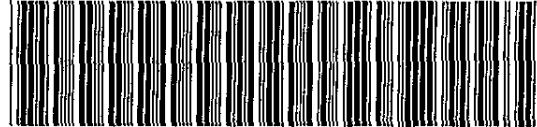
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 10 PM 12:00

B. McKnight UCT 12 2805'

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Counter Stop 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:

Carol Lewis CPA  
(Name of Person)

(Firm/Company)

PO BOX 2184  
(Address)

ANNA MARIA FL 34216  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL LEWIS at 941 302-2557  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

THE COUNTER STOP LLC

(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:

6050 34TH ST W, UNIT 110  
BRADENTON FL 34210

#### Mailing Address:

6050 34TH ST W, UNIT 110  
BRADENTON FL 34210

### 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:

CAROL LEWIS CPA

Name

318 TARPON ST, PO BOX 2184

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

ANNA MARIA FL 34216

City, State, and Zip

*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.*

Carol B. Lewis CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-Manager or Managing Members:**

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

<u>Title:</u>	<u>Name and Address:</u>	<u>Member Share:</u>
MGR	MATT BURNETT 6050 34 <sup>TH</sup> ST W, UNIT 110 BRADENTON FL 34210	89%
MGRM	VICTOR CARRILLO 910 8 <sup>TH</sup> CT EAST BRADENTON FL 34205	11%

**ARTICLE V-Effective date-date of filing.**

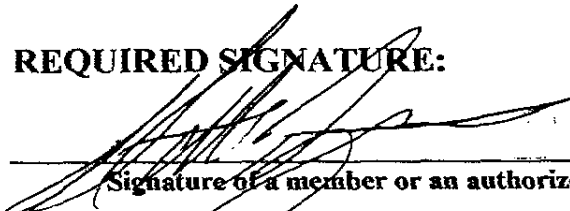
**ARTICLE VI-Distribution of income and loss and assets and liabilities.**

Income and loss is distributed according to the following provisions:

Matt Burnett-89%  
Victor Carrillo-11%

Partners share of assets and liabilities is divided according to their respective contributions.

**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.)

**MATT BURNETT**

Typed or printed name of signee

Filing Fees:

\$125 Filing Fee for Articles of Organization and Designation  
\$ 5 Certificate of Status