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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

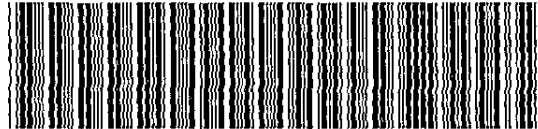
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2005 OCT 12 AM 9:03
TALLAHASSEE FLORIDA

-100\$

10/13/05

COVER LETTER

TO: Registration Section
Division of Corporations

2005 OCT 12 AM 9:03

SUBJECT: E-Z Par, LLC
(Name of Limited Liability Company)

STATE
TALLAHASSEE FLORIDA

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

Please return all correspondence concerning this matter to the following:

Chad E. Harper

(Name of Person)

E-Z Par, LLC

(Firm/Company)

12242 Championship Circle

(Address)

Fort Myers, FL 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

Chad E. Harper

(Name of Person)

at (229) 989-3718

(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 30, 2005

CHAD E. HARPER
12242 CHAMPIONSHIP CIRCLE
FORT MYERS, FL 33913

SUBJECT: E-Z PAR, LLC
Ref. Number: W05000045111

2005 OCT 12 AM 9:03

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

We have received your document for E-Z PAR, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 705A00059567

RECEIVED
05 OCT 12 AM 8:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E-Z Pac, 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:

12242 Championship Circle
Fort Myers, FL 33913

Mailing Address:

12242 Championship Circle
Fort Myers, FL 33913

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:

Chad E. Harper
Name

12242 Championship Circle
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL 33913
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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2005 OCT 12 AM 9:03

CLERK OF STATE
TALLAHASSEE FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Chad E. Harper
12242 Championship Circle
Fort Myers, FL 33913

MGRM

Bradley D. Morrow
1069 Sycamore Ct.
Greenwood, IN 46143

MGR

Shirley L. Harper
12242 Championship Circle
Ft. Myers, FL 33913

MGR

Angela S. Morrow
1069 Sycamore Ct.
Greenwood, IN 46143

Please
Add
these
two!!

Chad Harper

(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:

Chad Harper
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.)

Chad Harper
Typed or printed name of signer

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)