L06000010243

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Tentified Copies Certificates of Status
Special Instructions to Filing Officer:
David
CORRECT Art. IV
DATE 1/30/06 DOC. EXAM.

Office Use Only



000064052030

01/24/06--01035--013 **125.00

O6 JAN 24 PH 12: 44
SECKERANCE STATE

N. Cuttigen JAN 3 0 2006

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Appoo Family LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter to the following:		
	Ü	
David P. Weimer		
(Name of Person)	
Weimer & Co., LLC		
(Firm/Company)	
1790 Town Park Blvd, Su	uite B	
	(Address)	
Uniontown, Ohio 44685		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
David P. Weimer	at (330) 896-4500	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Prologod is a shock fantha fallowing amount		
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\begin{array}{l} \$160.00 Filing Fee, \\ Certificate of Status & \\ Certified Copy \\ (additional copy is enclosed) \end{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:	
Appoo Family LLC (Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20106 Buttermere Court	20301 Grande Oaks Shoppes
Estero, FL 33928	Suite 118 PMB 61
	Estero, FL 33928
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the recommendate and the Florida street address of the recommendate and the Florida street address of the recommendate and Estero, FL 33928	of JAN 24 F SECKLIANASSET
City, State, a	nd Zin
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Carl M. Clark 20106 Buttermere Court Estero, FL 33928 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Carl M. Clark

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee