

LO600000439660

(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:

Need UC suffix

PL UC

Received 4/4

off. date 4/3

Office Use Only

~~LO600000439660~~

4/4/06



900069145029

04/04/06--01012--012 **130.00

EFFECTIVE DATE
04/03/06

06 APR -4 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2006

DEREK WEAVER
1640 BANDIT WAY
GENEVA, FL 32732

SUBJECT: ATTIC DOCTOR
Ref. Number: W06000016959

We have received your document for ATTIC DOCTOR and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 206A00024143

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATTIC DOCTOR, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

DEREK WEAVER
1640 BANDIT WAY
GENEVA, FL 32732

For Further information concerning this matter, please call: Derek Weaver
at (407) 349-2118.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

ARTICLES OF ORGANIZATION

OF

ATTIC DOCTOR, LLC

EFFECTIVE DATE
4/03/06

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: ATTIC DOCTOR, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is DEREK WEAVER, 1640 BANDIT WAY, GENEVA, FL 32732.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

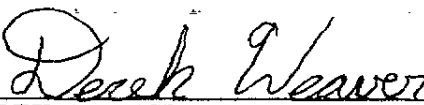
NAME

ADDRESS

DEREK WEAVER

1640 BANDIT WAY
GENEVA, FL 32732

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.


DEREK WEAVER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -4 PM 4:18

APPROVED
AND
FILED

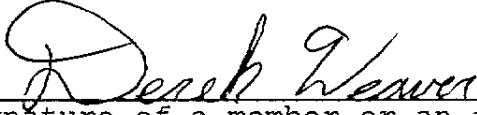
ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	DEREK WEAVER 1640 BANDIT WAY GENEVA, FL 32732

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be 03 APR, 2006.



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.)



Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -4 PM 4:18

APPROVED
AND
FILED

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 30 day of March, 2006.

Derek Weaver
DEREK WEAVER

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 30 day of March, 2006 by DEREK WEAVER, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Kimberly Aldridge
Notary Public, State of Florida
At Large
FL DL# W160-161-57-086-0
My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Derek Weaver
DEREK WEAVER

DATE: 3-30-6