

L06000084627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

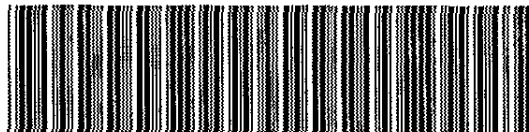
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200078814002

**EFFECTIVE DATE**

8/15/06

08/18/06--01035--022 \*\*155.00

FILED  
06 AUG 18 PM 2:42  
SEALING UNIT  
TALLAHASSEE, FLORIDA

N. Gulligan AUG 28 2006

August 14, 2006

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: PlatingSoft, Limited Liability Company

Dear Sir or Madam:

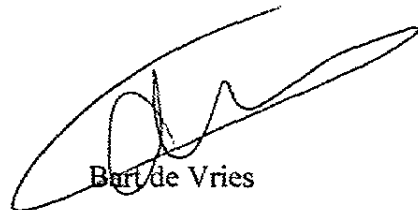
Attached are Articles of Organization for PlatingSoft, Limited Liability Company, for filing with the Florida Secretary of State.

Also enclosed is my firm trust account check in the amount of \$155.00 representing the Filing Fee – \$100, Designation of Registered Agent – \$25, and a certified copy of the Articles – \$30 (copy for certification enclosed).

Please return the certified copy along with your receipt for filing to me in the enclosed envelope.

Thank you for your assistance.

Very truly yours,



Bart de Vries



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2006

BURT DE VRIES  
8560 BELLE MEADE DRIVE  
FORT MYERS, FL 33908

SUBJECT: PLATINGSOFT, LLC  
Ref. Number: W06000036834

We have received your document for PLATINGSOFT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agents name must be listed in the articles.

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: 106A00051364

EFFECTIVE DATE

8/15/06

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PlatingSoft 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:**

8560 Belle Meade Drive  
Fort Myers, FL 33908

**Mailing Address:**

8560 Belle Meade Drive  
Fort Myers, FL 33908

**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:

Bart de Vries

Name

8560 Belle Meade Drive

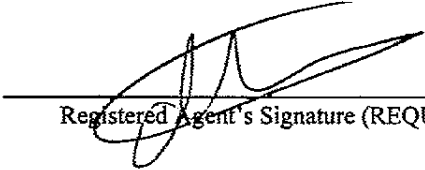
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33908

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)

Page 1 of 2

FILED  
06 AUG 18 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

Bart de Vries

8560 Belle Meade Drive

Fort Myers, FL 33908

MGR

Waasy Boddison

1383 CURRIER CIR LAKES DR

FT MYERS FL 33919

MGR

Peter van Gorp

14186 REFLECTION LAKES DR

FT MYERS FL 33907

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Aug. 15th 2006. (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.)

Bart de Vries

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)**

FILED  
06 AUG 18 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA