

L060000087732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

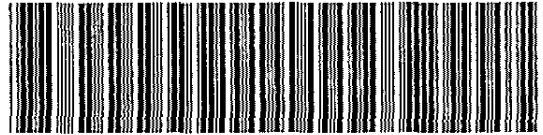
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300077965993

08/02/06--01029--018 **125.00

2006 SEP -7 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L06-287732
QR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2006

JACQUELINE THERVENAY
P.O. BOX 7022
FORT MYERS, FL 33911

SUBJECT: RALPH & JACKEE, LLC
Ref. Number: W06000034296

We have received your document for RALPH & JACKEE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 2, 2006. Please amend your document 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 606A00048668

2006 SEP -7 PM 1:48
SECRETARY OF STATE
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RALPH & JACKEE, 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:

Jacqueline Thervenay

(Name of Person)

RALPH & JACKEE, LLC

(Firm/Company)

P. O. Box 7022

(Address)

Fort Myers, FL. 33911

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Thervenay

(Name of Person)

at (917) 767-4735

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

2006 SEP -7 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RALPH & JACKEE, 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:

404A Somerset Road
Punta Gorda, FL. 33950

Mailing Address:

P. O. Box 7022
Fort Myers, FL. 33911

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:

Jacqueline Thervenay

Name

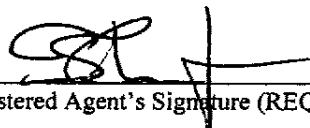
404A Somerset Road

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

Punta Gorda FL 33950

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

2006 SEP -7 PM 1:48
SECRETARY OF STATE
TAMPA FL 33601

FILED

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

FILED
1005 SEP -7
(OPTIONAL)
business days prior
1:48
SECRETARY OF STATE
ALABAMA
MONTGOMERY