

L06000095588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

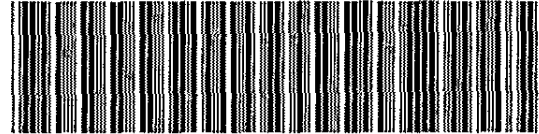
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/12/06--01030--014 **160.00

FILED
06 SEP 12 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

606-40642 MZ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2006

RAYMOND M POINSETTE
1196 FROMAGE WAY
JACKSONVILLE, FL 32225

SUBJECT: POINSETTE ENTERPRISES LLC
Ref. Number: W06000040642

We have received your document for POINSETTE ENTERPRISES LLC. However, the document has not been filed and is being returned for the following:

The principal address must be at a street address. A post office box is not acceptable.

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) 245-6065.

MARIA L FENDER
OFFICE CLERK

Letter Number: 206A00055571

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINSETTE ENTERPRISES 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:

RAYMOND M POINSETTE

(Name of Person)

(Firm/Company)

1196 FROMAGE WAY

(Address)

JACKSONVILLE FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND M POINSETTE at (904) 699-9831

(Name of Person)

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POINSETTE ENTERPRISES 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:

1196 FROMAGE WAY
JACKSONVILLE FL
32225

Mailing Address:

P.O. BOX 351242
JACKSONVILLE FL
32235-1242

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:

RAYMOND M POINSETTE
Name

1196 FROMAGE WAY

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

JACKSONVILLE FL 32225

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..

Raymond M Poinsett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

RAYMOND M POZNSKIE
1196 FROMAGH WAY
JACKSONVILLE FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 15 SEPT 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.)

RAYMOND M POZNSKIE
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)