

L06000096537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

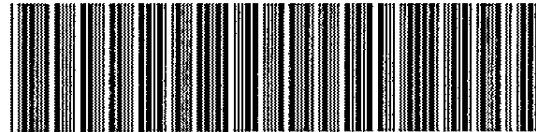
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600080336846

10/02/06--01041--007 **155.00

FILED
06 OCT -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan OCT -3 2006

ON THE WALL LLC
P O BOX 1167
TITUSVILLE, FLORIDA 32781-1167

MARCH 12, , 2004

FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32301

SUBJECT: **ON THE WALL LLC**

DEAR SIR:

ENCLOSED PLEASE FIND THE FOLLOWING


1. THE ORIGINAL AND ONE COPY OF THE ARTICLES OF ORGANIZATION FOR THE SUBJECT LIMITED LIABILITY CO. PLEASE CERTIFY ONE COPY AND RETURN IT TO THE REGISTERED AGENT.
2. OUR CHECK IN THE AMOUNT OF \$155.00 TO COVER THE FILING FEE.

KINDLY ACKNOWLEDGE FILING OF THESE ARTICLES OF ORGANIZATION, IN COMPLIANCE WITH FLORIDA LAW AND RETURN THE CERTIFIED COPY OF THE ARTICLES OF ORGANIZATION TO THE REGISTERED AGENT.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

ON THE WALL LLC

A handwritten signature in black ink, appearing to read "Mitchelle A. Treider", is written over the printed name below.

MITCHELLE A TREIDER
MANAGER

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
ON THE WALL LLC**

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION AND INTENDING TO FORM AND CREATE A LIMITED LIABILITY COMPANY PURSUANT TO THE STATUTES OF THE STATE OF FLORIDA, DOES HEREBY STATE AND CERTIFY THE FOLLOWING.

ARTICLE I.

THE NAME OF THE LIMITED LIABILITY COMPANY SHALL BE:
ON THE WALL LLC

ARTICLE II.

THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS: P. BOX 1167, TITUSVILLE, FLORIDA 32781-1167. THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS 1310 WAR EAGLE BLVD, TITUSVILLE, FLORIDA 32796.

ARTICLE III.

THE NAME AND STREET ADDRESS OF THE INTIAL REGISTERED AGENT OF THE LIMITED LIABILITY COMPANY IN THE STATE OF FLORIDA IS LOUIS VENUTI, 400 ORANGE STREET, TITUSVILLE, FLORIDA 32796.

ARTICLE IV.

THE LIMITED LIABILITY SHALL BE MANAGED BY BOARD OF MANAGERS, CONSISTING OF ONE MEMBER AND THE ACTIVITIES OF THE LIMITED LIABILITY COMPANY SHALL BE CONDUCTED AS A MANAGER-MANAGED COMPANY IN ACCORDANCE WITH THE TERMS OF THE LIMITED LIABILITY COMPANY OPERATING AGREEMENT.

FILED
06 OCT -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V.

THE NAMES AND ADDRESSES OF THE INITIAL MANAGER OF THE LIMITED LIABILITY COMPANY IS AS FOLLOWS:

MITCHELL A TREIDER
1310 WAR EAGLE BLVD
TITUSVILLE, FLORIDA 32796

ARTICLES VI.

THE LIMITED LIABILITY COMPANY SHALL BE INITIALLY ORGANIZED WITH ONE MEMBER. THE NAME AND ADDRESS OF THE INITIAL MEMBER OF THE LIMITED LIABILITY COMPANY IS:

MITCHELL A TREIDER
1310 WAR EAGLE BLVD
TITUSVILLE, FL 32796

ARTICLE VII.

THE LIMITED LIABILITY COMPANY SHALL HAVE THE RIGHT TO ADD ADDITIONAL MEMBERS ACCORDING TO THE TERMS OF THE LIMITED LIABILITY COMPANY OPERATING AGREEMENT.

ARTICLE VIII.

THIS LIMITED LIABILITY COMPANY SHALL EXIST PERPETUALLY.

IN WITNESS WHEREOF, THE UNDERSIGNED, IN THEIR RESPECTIVE CAPACITIES AS INITIAL MEMBER AND INITIAL MANAGER FOR THE PURPOSE OF FORMING A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA, DO MAKE AND FILE THESE ARTICLES OF ORGANIZATION, HEREBY DECLARING AND CERTIFYING THAT THE FACTS HEREIN STATED ARE TRUE AND HEREUNTO SET THEIR HAND AND SEAL THIS SEPTEMBER 28, 2006

INITIAL MEMBER



MITCHELL A TREIDER

INITIAL MANAGER



MITCHELL A TREIDER

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, THE UNDERSIGNED AUTHORITY, AN OFFICER DULY
AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT,
PERSONALLY APPEARED **MITCHELLE A TREIDER** TO ME WELL KNOWN
TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF
ORGANIZATION, AND ACKNOWLEDGED BEFORE ME THAT HE EXECUTED
THE SAME FREELY AND VOLUNTARILY FOR THE PURPOSES THEREIN
EXPRESSED IN THEIR RESPECTIVE CAPACITIES, AS INTIAL MEMBER AND
INITIAL MANAGER.

WITNESS MY HAND AND OFFICIAL SEAL THE 28TH DAY OF
SEPTEMBER 2006


NOTARY PUBLIC, STATE OF FLORIDA



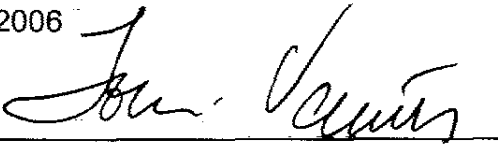
STATEMENT OF DESIGNATION AND ACCEPTANCE
OF INTIAL REGISTERED AGENT AND REGISTERED OFFICE OF

ON THE WALL LLC

PURSUANT TO THE PROVISIONS OF SECTION 608,415, FLORIDA
STATUTES, THE UNDERSIGNED HEREBY FILES THIS STATEMENT OF
THE DESIGNATION AND ACCEPTANCE OF THE INITIAL REGISTERED
AGENT OF THE LIMITED LIABILITY COMPANY.

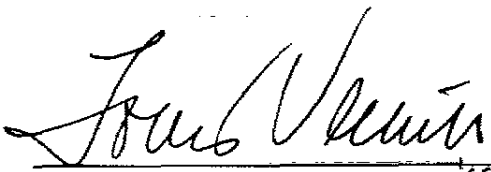
THE STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS
LIMITED LIABILITY COMPANY IS 400 ORANGE STREET, TITUSVILLE,
FLORIDA 32796, AND THE NAME OF THE INITIAL REGISTERED AGENT OF
THIS LIMITED LIABILITY COMPANY AT THAT ADDRESS IS LOUIS VENUTI

DATED THIS 28TH DAY OF SEPTEMBER 2006


LOUIS VENUTI

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I HEREBY ACCEPT APPOINTMENT AS THE REGISTERED AGENT OF **ON
THE WALL LLC** AT THE INITIAL REGISTERED OFFICE OF THE LIMITED
LIABILITY COMPANY AT 400 ORANGE STREET, TITUSVILLE, FLORIDA
32796


LOUIS VENUTI

FILED
06 OCT -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA