

L06000103020

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000253757 3)))



H060002537573ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : THE FLORIDA COMPANY
Account Number : T20060000001
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Main Street Sales LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

06 OCT 23 AM 8:26
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC-29-2017 18:23 From:
850-205-0381

10/18/2006 9:02

PAGE 001/001

To: 850 205 0381

P.1/4

Florida Dept of State



October 18, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE FLORIDA COMPANY

SUBJECT: MAIN STREET SALES LLC
REF: W06000045578

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6097.

Marsha Thomas
Document Specialist

FAX Aud. #: R06000253757
Letter Number: 606A00061918

SECRET
TALLAHASSEE
FLORIDA

06 OCT 23 AM 8:26

FILED

RECEIVED

06 OCT 23 PM 4:41

DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

FAX AUDIT # **H06000253757 3**

**ARTICLES OF ORGANIZATION
OF
Main Street Sales LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Main Street Sales LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: **331 West Myers Blvd. Mascotte, Florida 34753.**

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: **Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.**

ARTICLE IV DURATION

The duration for the limited liability company shall be: **12/31/2046.**

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Julia A. Windham, PO Box 622 , Groveland, Florida 34736



The Florida Incorporating Company, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite
200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # **H06000253757 3**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 23 AM 8:26

FILED

FAX AUDIT # H06000253757 3

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Main Street Sales LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in
the County of Leon.

Having been named as registered agent and to accept service of process for the above
stated 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 23 AM 8:26

FILED

Signature: Mark Schiff

Mark Schiff, A VP

Date: October 17, 2006

FAX AUDIT # H06000253757 3