

LO6000110483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

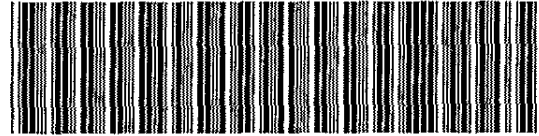
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700080286007

11/14/06--01067--013 \*\*160.00

06 NOV 14 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

11-15  
Cust

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jasch & Associates, 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:

Kimberly Jasch  
(Name of Person)

Jasch & Associates, LLC  
(Firm/Company)

P.O. Box 5280  
(Address)

Sarasota, Florida 34277  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Jasch at ( 941 ) 313-2229  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
06 NOV 14 PM 11:13  
STATE OF FLORIDA  
TALLAHASSEE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jasch & Associates, 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:

1802 Field Road  
Sarasota, Florida 34231

#### Mailing Address:

P.O. Box 5280  
Sarasota, Florida 34277

### 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:

Kimberly Jasch

Name

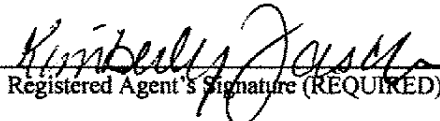
1802 Field Road

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

Sarasota FL 34231

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  
05 NOV 14 AM 11:13  
SECRETARY OF STATE  
FLORIDA

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

"MGRM" = Managing Member

**Name and Address:**

**Sarasota, Florida 34277**

Sarasota, Florida 34277

\_\_\_\_\_

[illegible]

(Use attachment if necessary)

(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:**

*Kimberly J. Asch*  
Signature of a member or an authorized representative

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.)

KIMBERLY JASCH

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)**

**CERTIFICATE OF AUTHORITY  
FOR**

Jasch & Associates, LLC

This is to certify that the above Limited Liability Company is managed by its

☒ members

☐ managers

who are listed below and that each of them is authorized and empowered to transact business on behalf of the company.

Name

Address

David Jasch

1802 Field Road

Sarasota, Florida 34231

Kimberly Jasch

1802 Field Road

Sarasota, Florida 34231

Date: NOV. 8 2006

Name of company:

Jasch & Associates, LLC

By: [signature]

Position: President

FILED  
06 NOV 14 AM 11:13  
SARASOTA  
FLORIDA