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| (Requestor's Name) | | |
|-----------------------------------------|-------------------|-------------|
| (Address) | | |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
| : | | |
| | | |
| | Office Use Or | 1-4.1 |
| | Office Use Or | |



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SECRETARY OF STATE

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**Intuit' My Corporation.com

26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079 Fax: 1-818-879-8005 Email: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Monday, December 04, 2006

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Poissant LLC

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a certified copy.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation.com 26520 Agoura Road Calabasas, CA 91302

ATTN: FULFILLMENT DEPARTMENT

Articles of Organization For Poissant LLC Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is Poissant LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2555 Jasmine Way North Port, Florida 34287

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

John T. Griffin, Esq. 1800 2nd St., Suite 870 Sarasota, Florida 34236

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.

John T. Griffin, Esq., Registered Agent

ARTICLE IV - Mapagement:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

John V. Poissant 2555 Jasmine Way North Port, Florida 34287

Meghan Record, Organizer