

LO7000021380

(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:

W07-2980

DB

Office Use Only

EFFECTIVE DATE

2-15-07



100084687941

02/27/07--01002--003 **90.00

01/17/07--01019--006 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 JAN 17 PM 3:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG PINE 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:

ADAMS, PAUL
(Name of Person)

BIG PINE LLC
(Firm/Company)

P.O. BOX 915 394
(Address)

LONGWOOD, FL 32791-5394
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL ADAMS at (407) 788-3024
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2007

PAUL ADAMS
P.O. BOX 915221
LONGWOOD, FL 32791-5221

SUBJECT: SYSTEMS ANALYST SERVICES LLC
Ref. Number: W07000002980

07 JAN 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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We have received your document for SYSTEMS ANALYST SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclosed an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

There is a balance due of \$115.00.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 607A00004414

Florida Dept of State
Division of Corporations
Attn. Deborah Bruce
PO Box 6327
Tallahassee, FL 32314

Re: Letter Number 607A00004414

Voice 850-245-6984

Ms Bruce:

Find enclosed the forms and a check for \$90 that is the balance due of the \$125 required to create a new LLC. As a result of our phone conversation in January of 2007, I have decided to not convert the C-Corp into a LLC and will create a different LLC. As discussed, the \$35 dollars I forwarded previously in conjunction with the enclosed \$90 will total the funds required to satisfy the fees for the new LLC

Thank you,



Paul Adams III

PO Box 915394
Longwood, FL 32791-5394

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIG PINE 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:

8330 GANDY WAY
ORLANDO FL ~~32708~~
32810

Mailing Address:

P.O. BOX 915394
LONGWOOD FL ~~32701~~-5394
32791-5394

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:

ADAMS, PAUL
Name
8330 GANDY WAY
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL ~~32708~~
City, State, and Zip

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TALLAHASSEE FLORIDA

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.

Paul Adams
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 2-15-07

(CONTINUED)

Page 1 of 2

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:

MGR

PAUL ADAMS
P.O. Box 915394
Longwood FL 32791-5394

mgr

Matthew Adams
P.O. Box 915394
Longwood FL 32791-5394

mgr

Paul Adams III
P.O. Box 915394
Longwood FL 32791-5394

mgr

Susan Adams
P.O. Box 915394
Longwood FL 32791-5394

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb 15 2007.
(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:

Paul Adams

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.)

Adams, PAUL

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)

FILED
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CLERK OF STATE
TALLAHASSEE FLORIDA