

LO7000038897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

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07 APR 11 AM 11:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 APR 11 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- 9240 Associates, llc

2-

3-

4-

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TALLAHASSEE, FLORIDA

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

9240 ASSOCIATES, LLC.

**ARTICLE II – ADDRESS**

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

Mailing Address: c/o David E. Olmsted  
Olmsted & Wilson, P.A.  
17801 Murdock Circle, Suite A  
Port Charlotte, FL 33948

Street Address: 17801 Murdock Circle, Suite A  
Port Charlotte, FL 33948

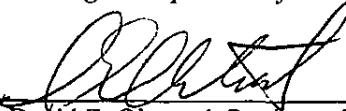
**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

David E. Olmsted  
Olmsted & Wilson, P.A.  
17801 Murdock Circle, Suite A  
Port Charlotte, FL 33948

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*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.*



David E. Olmsted, Registered Agent

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company is to be managed by its members and is, therefore a member – managed company.



David E. Olmsted, Authorized Representative of a Member

(In accordance with Section 608.403(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the acts stated herein are true).