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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

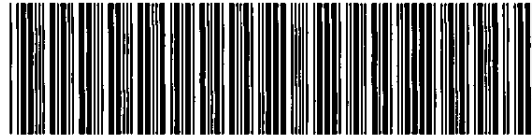
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Put out my fire, LLC*

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- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
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Signature

Requested by:

Name

Date

Time

Walk-In

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**ARTICLES OF ORGANIZATION OF  
PUT OUT MY FIRE, LLC  
a Florida limited liability company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **PUT OUT MY FIRE, LLC.**

**ARTICLE II - Address:**

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

6968 Town Harbour Blvd  
Unit 2219  
Boca Raton, Florida 33433

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the sole member and the name and address of the sole managing member is:

Karen A. Mical

6968 Town Harbour Blvd.  
Unit 2219  
Boca Raton, Florida 33433

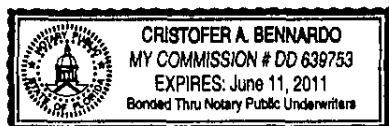
Karen A. Mical

Karen A. Mical  
Managing Member

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Before me personally appeared Karen A. Mical who produced FL. Dr. license as identification and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 11<sup>th</sup> day of March, 2007.



[Signature]  
Notary Public

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **PUT OUT MY FIRE, LLC.**
2. The name and the Florida street address of the registered agent is:

Karen A. Mical

6968 Town Harbour Blvd  
Unit 2219  
Boca Raton, Florida 33433

*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.*

Karen A. Mical

KAREN A. MICAL

STATE OF FLORIDA  
COUNTY OF DALMAN

Before me personally appeared Karen A. Mical who produced Fl. Dr. license as identification and who executed the foregoing Certificate of Designation, and she acknowledged before me that she executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 11<sup>th</sup> day of March, 2007.



[Signature]  
Notary Public