

LD7000100149

Timothy J. Selzer
(Requestor's Name)

9601 Shadow Oak Ln
(Address)

(Address)

N Ft. Meyers, FL 33917
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

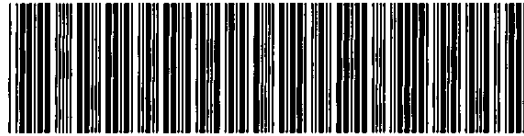
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300109954103

10/01/07--01020--007 **125.00

FILED
07 OCT -1 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Safety Technologies of SouthWest Florida LLC

ARTICLE II - Address:

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

Principal Office Address:

9601 Shadow Oak Ln

North Fort Myers Florida, 33917

Mailing Address:

9601 Shadow Oak Ln

North Fort Myers Florida, 33917

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

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

Timothy J Selzer

Name

9601 Shadow Oak Ln

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

North Fort Myers, FLORIDA 33917

City, State, and Zip

FILED
07 OCT - 1 PM 12: 21
SECRETARY OF STATE
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, Florida Statutes..


Registered Agent's Signature

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

Timothy J Selzer

9601 Shadow Oak Ln

North Fort Myers Florida, 33917

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Timothy J. Selzer
Typed or printed name of signee

FILED
07 OCT -1 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)