

W080000 10567

(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:

789 2826 671

Office Use Only

W08-2632



800114700468

01/15/08--01023--014 **160.00

FILED

08 JAN 29 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

08 JAN 30 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas JAN 30 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAISANNES ENTERPRISES, 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:

INES MAISANNES

(Name of Person)

MAISANNES ENTERPRISES, LLC

(Firm/Company)

196 PALMWOOD DRIVE

(Address)

PALM COAST, FL 32164

(City/State and Zip Code)

For further information concerning this matter, please call:

WM. F. MAISANNES

(Name of Person)

at (386) 569-3858

(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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 30 PM 1:56

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2008

INES MAISANNES
196 PALMWOOD DRIVE
PALM COAST, FL 32164

SUBJECT: MAISANNES ENTERPRISES, LLC
Ref. Number: W08000002632

We have received your document for MAISANNES ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 808A00003451

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 30 PM 1:56

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAISANNES ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

196 PALMWOOD DRIVE
PALM COAST, FL 32164

Mailing Address:

196 PALMWOOD DRIVE
PALM COAST, FL 32164

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:

INES F. MAISANNES

Name

196 PALMWOOD DRIVE

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

PALM COAST, FL 32164

City, State, and Zip

FILED
08 JAN 30 PM 1:56
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, F.S..

Ines F. Maisannes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

INES MAISANNES MGR

196 PALMWOOD DRIVE
PALM COAST, FL 32164

WM. F. MAISANNES MGRM

196 PALMWOOD DRIVE
PALM COAST, FL 32164

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN 28, 2008 (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:

Wm. F. Maisannes

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.)

WILLIAM F. MAISANNES

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 30 PM 1:56

FILED