

10900009481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**G. MCLEOD**  
JAN 29 2009  
**EXAMINER**



200139391682

01/07/09--01009--004 \*\*78.75

01/27/09--01046--002 \*\*51.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN -7 PM 1:52

109-964



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2009

VALENTIN PASHTENKO  
2066 JAMESON AVE  
NORTH PORT, FL 34286

SUBJECT: 3942 OCONTO, INCORPORATED  
Ref. Number: W0900000964

We have received your document for 3942 OCONTO, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document is being returned per your request and per our phone conversation on 1/9/08 at 10:17 am.

Please return the corrected original and one copy of 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) 245-6929.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 809A00000741

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3942 Oconto, 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:

Valentin Pashtenko  
(Name of Person)

3942 Oconto, LLC.  
(Firm/Company)

PO Box 6740  
(Address)

North Port, FL 34290  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valentin Pashtenko at ( 941 ) 258-7313  
(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)

$$\begin{array}{r} 130.00 \\ - 78.50 \\ \hline 51.50 \end{array}$$
 enclosed  
 see Note

**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

*NOTE: 3942 Oconto was originally submitted as a "for profit" corporation with the "incorporated" suffix and a \$178.50 check was enclosed. We spoke with Gna on 1/8/09 and were told to submit the difference in payment and to then submit a copy of the "for profit" rejection letter when we receive it to show that the balance was paid.*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3942 Oconto, 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:**

**Mailing Address:**

2066 Jameson Avenue  
North Port, FL  
34286

PO Box 6740  
North Port, FL  
34290

**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:

Valentin Pashtenko  
Name

2066 Jameson Avenue  
Florida street address (P.O. Box **NOT** acceptable)

North Port, FL 34286 FL  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**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:**

MGRM

Valentin Pashtenko

2066 Jameson Avenue

North Port, FL 34286

MGRM

Nina Pashtenko

2066 Jameson Avenue

North Port, FL 34286

MGRM

Cynthia Pashtenko

2066 Jameson Avenue

North Port, FL 34286

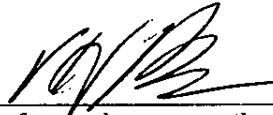
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 5, 2009. (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:**



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.)

Valentin Pashtenko

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)