

LO900021750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

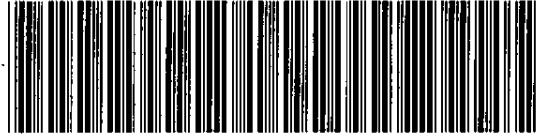
Special Instructions to Filing Officer:

S. HAWKES

MAR 5 2009

EXAMINER

Office Use Only



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FILED
09 MAR -4 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PATRICK F. SPRAGUE, P.A.
ATTORNEY AND COUNSELOR AT LAW

PATRICK F. SPRAGUE, ESQ.
E.mail: pfsprague@gmail.com

1419 W. Waters Ave., Suite 116
TAMPA, FL 33604

PH. (813) 932-4725
Fax (813) 933-4353

March 3, 2009

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

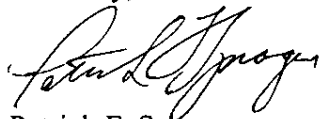
LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization of Acoustiblok Mideast, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the filing fee, designation of registered agent and certified copy is enclosed.

Sincerely,



Patrick F. Sprague

PFS/lm
Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:

Acoustiblok Mideast, LLC

Article II - Address:

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

6900 Interbay Blvd, Tampa, L 33616

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

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

Patrick F. Sprague

Name

1419 W. Waters Ave, Suite 116, Tampa, FL 33604

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

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

Article IV - Management: (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)


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.)

Lahnne Johnson

Typed or printed name of signee

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)

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