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SECRETARY OF STATE
ANASSEF FLORIDA

D. BRUCE

MAR 27 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
SUBJECT: ATextF	Reminder LLC.		
50tdEC1.	<del></del>	ed Liability Company)	<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
Ronald E.	Conroy Jr		
<del></del>		(Name of Person)	
ATextRem	ninder LLC.		TAL SE
		(Firm/Company)	L AN
1100 Doug	glas Street S.E.		R 26 R 26 TAR
		(Address)	
Palm Bay,	FL 32909		AMII: OF ST
	(Cit	y/State and Zip Code)	RIDA
For further information of	concerning this matter, please	e call:	•
Ronald E. Coni	roy Jr.	at ( 321 ) 369 - 9944	
(Name	of Person)	(Area Code & Daytime Telephone Numba	er)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Co	ompany is:		
ATextReminder LLC.			
(Must end with the words "	Limited Liability Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address	ss of the principal office of	the Limited Liability Co	mpany is
Principal Office Address:	Mailing Add	ress:	
1100 Douglas Street S.E.	1100 Douglas St	reet S.E.	<b></b>
Palm Bay, FL 32909	Palm Bay, FL 329	909	_
lloo T	its own Registered Agent. You muston.)	are: STATE  T acceptable)	PILED PHAR 26 AM II: 51

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memi	ber
MGR	Ronald E. Conroy Jr.
	1100 Douglas St. S.E.
	Palm Bay, FL 32909
MGR	Michael J. Conroy
	1100 Douglas St. S.E.
	Palm Bay, FL 32909
(Use attachment if necessary)	)
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.)	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days
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.)

Ronald E. Conroy Jr.

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)

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