

L09000033570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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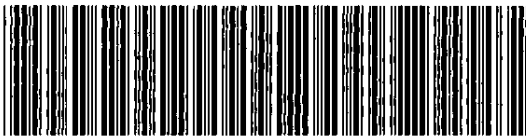
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOUGLAS J. BURNS, P.A.

Douglas J. Burns

Licensed to Practice
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2559 Nursery Road, Suite A
Clearwater, Florida 33764

April 2, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: L. Bades, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the above-referenced Articles of Organization, along with a check in the amount of \$125.00 for the filing fee.

Thank you for your assistance. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

DOUGLAS J. BURNS, P.A.



Deborah A. Gibson, CPS/CAP
Legal Administrative Assistant

Enclosures

**ARTICLES OF ORGANIZATION
FOR
L. BANDES, LLC**

The undersigned, he being a natural person, competent to contract for the purpose of forming a limited liability company under the laws of the State of Florida, does hereby adopt the following articles of organization in accordance with Section 608.401.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME OF BUSINESS: The name of the Limited Liability Company shall be **L. BANDES, LLC.**

ARTICLE II

NATURE OF BUSINESS: The general nature and purpose of business to be transacted, promoted and carried on by the company is to engage in any activity or business now or hereafter authorized and permitted under the laws of the United States and the State of Florida to be done or exercised by a company organized for profit.

ARTICLE III

INITIAL CAPITAL: The amount of capital with which this company shall begin business is Five Hundred and 00/100 Dollars (\$500.00).

ARTICLE IV

TERM OF EXISTENCE: This company shall have a perpetual term of existence, commencing upon receipt of these Articles by the Secretary of State.

ARTICLE V

ADDRESS OF BUSINESS: The initial mailing and business address of the principal office of the proposed company in the State of Florida shall be:

3035 Countryside Blvd, #35B, Clearwater, Florida 33761

ARTICLE VI

INITIAL REGISTERED AGENT: The name and street address of the initial registered agent is: Robert Bandes, 3035 Countryside Blvd, #35B, Clearwater, Florida 33761.

ARTICLE VII

MANAGEMENT: The Limited Liability Company is to be managed by the members.

IN WITNESS WHEREOF, the undersigned subscriber to this instrument, Articles of Organization of L. BANDES, LLC places her hand and seal this 11th day of March, 2009, at Clearwater, Florida.

In the presence of:

[Signature]
WITNESS

Lillian Bandes
Lillian Bandes, Managing Member

[Signature]
WITNESS

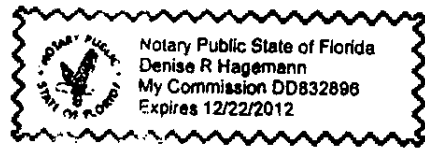
STATE OF FLORIDA)
) ss
COUNTY OF PINELLAS)

BEFORE ME personally appeared Lillian Bandes, personally known to me or who produced _____ as identification, and was known to be the person described in and who executed the foregoing instrument as Managing Member to the foregoing Articles of Organization and who, after being first duly sworn, acknowledged that she executed same for the purposes set forth and that all information is true and correct to her best knowledge and belief.

WITNESS my hand and seal on this 11th day of March, 2009, at Clearwater, Florida.

[Signature]
NOTARY PUBLIC - STATE OF FLORIDA

My Commission expires:



2009 APR -6 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATION OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned, _____, Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is L. BANDES, LLC.
2. The name and the Florida street address of the registered agent is:

Robert Bandes, 2025 Countryside Blvd, #35B, Clearwater, Florida 33761

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 properly and complete my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Bandes

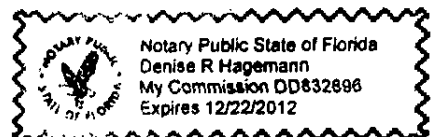
STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME personally appeared Robert Bandes, personally known to me or who produced _____ as identification, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

WITNESS my hand and seal on this 11th day of March, 2009, at Clearwater, Florida.

Denise R. Hagemann
NOTARY PUBLIC - STATE OF FLORIDA

Printed Name:
My Commission expires:



2009 MAR -6 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED