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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 11 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2009

ANTHONY BARBUTO
12773 FOREST HILL BLVD., SUITE 209
WELLINGTON, FL 33414

SUBJECT: PINE ISLAND SPICE COMPANY, LLC
Ref. Number: W09000020630

We have received your document for PINE ISLAND SPICE COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00014763

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TALLAHASSEE, FLORIDA

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PORATH & BARBUTO, P.A.
Attorneys and Counselors at Law

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ANTHONY M. BARBUTO

WELLINGTON PLAZA
12773 FOREST HILL BOULEVARD
SUITE 209
WELLINGTON, FLORIDA 33414
TELEPHONE (561) 798-2907
FAX (561) 790-3519

April 28, 2009

Secretary of State of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Pine Island Spice Company, LLC

Dear Sir/Madam:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above-captioned corporation along with a check in the amount of \$125.00 to cover the filing fee.

Kindly return the stamped, filed copy to me in the self-addressed stamped envelope provided for your convenience.

Thank you for your cooperation in this matter.

Very truly yours,


Anthony M. Barbuto

AP:rr
Encl.

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TALLAHASSEE, FLORIDA

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

PINE ISLAND SPICE COMPANY, LLC

ARTICLE II – Address:

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

Principal Office Address:

17369 40th Run North
Loxahatchee, FL 33470

Mailing Address:

P.O. Box 483
Bokeelia, FL 33922

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TALLAHASSEE, FLORIDA

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ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Paul Carlisle
17369 40th Run North
Loxahatchee, FL 33470

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 property 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, Florida Statutes.



PAUL CARLISLE

ARTICLE IV – Manager(s) or Managing Members(s):

The Name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Paul Carlisle
P.O. Box 483
Bokeelia, FL 33922

MGRM

Gwen Carlisle
P.O. Box 483
Bokeelia, FL 33922

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TALLAHASSEE, FLORIDA

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



PAUL CARLISLE

(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.)

Filing Fee:

\$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)