

L09000047449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

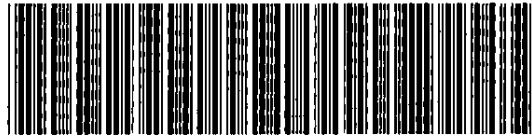
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500155806295

Effective Date 05/10/09

05/14/09--01015--020 **130.00

FILED
09 MAY 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 15 2009

EXAMINER

Erin C. St.Onge-Carpenter
eWrapz™
2460 San Pietro Circle
Palm Beach Gardens, Florida 33410
Tel: (561) 596-8044 / email: ecstonge@yahoo.com

May 10, 2009

Registered Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the articles of organization for the new Limited Liability Company (LLC), eWrapz™ that I am forming. Also enclosed is a check for \$ 130 (the \$ 125 filing fee plus the \$ 5 certificate of status fee). If there are any questions regarding this paperwork, please contact me at the address or phone number above.

Thank you,



Erin C. St.Onge-Carpenter

Enclosures

FILED
09 MAY 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: eWrapz, 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:

Erin C. St. Onge-Carpenter
Name of Person

eWrapz, LLC.
Firm/Company

2460 San Pietro Circle
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

ecstonge@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin C. St. Onge-Carpenter at (561) 596-8044
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)

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

FILED
09 MAY 14 AM 11:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

eWrapz, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED
09 MAY 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2460 San Pietro Circle
Palm Beach Gardens, FL
33410

2460 San Pietro Circle
Palm Beach Gardens, FL
33410

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.)

Effective Date 05/10/09

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

Erin C. St-Onge - Carpenter

Name

2460 San Pietro Circle

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410

City, State, and Zip

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.

Erin C. St-Onge - Carpenter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
09 MAY 14 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR / MGRM

Enn C. St. Onge - Carpenter
2460 San Pietro Circle
Palm Beach Gardens, FL 33410

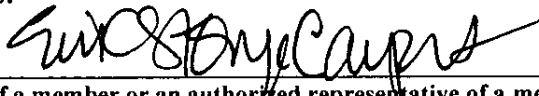
MGR / MGRM

James F. Carpenter, Jr.
2460 San Pietro Circle
Palm Beach Gardens FL
33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 10, 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.)

Enn C. St. Onge-Carpenter

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)