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2009 MAY 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAY 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christine M. Donovan, 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:

Bill Antar CPA

Name of Person

Cape Coral Tax &
Accounting Services, LLC.
1611 Santa Barbara Blvd.
Suite E
Cape Coral, FL 33991

City/State and Zip Code

billantarCPA@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

bill Antar CPA

Name of Person

at (239) 573-9100

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRISTINE M. DONOVAN, LLC.
5293 Umbrella Pool Road
Sanibel, FL 33957

ARTICLE II - Address:

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

CHRISTINE M. DONOVAN, LLC.
5293 Umbrella Pool Road
Sanibel, FL 33957

Principal Office Address: Mailing Address:

CHRISTINE M. DONOVAN, LLC.
5293 Umbrella Pool Road
Sanibel, FL 33957

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.)

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

Bill Antar, CPA
1611 Santa Barbara Blvd.
Suite E
Cape Coral, FL 33991

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..

 CPA 5/19/09
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2.

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CLERK 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: Name and Address:

CHRISTINE M. DONOVAN
(Managing Member)
5293 Umbrella Pool Road
Sanibel, FL 33957

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

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.)

Christine M. Donovan
Typed or printed name of signee

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2009 MAY 26 AM 10:30
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: Name and Address:

CHRISTINE M. DONOVAN
(Managing Member)
5293 Umbrella Pool Road
Sanibel, FL 33957

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

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.)

Christine M. Donovan
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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 5/19/09
Registered Agent's Signature (REQUIRED)

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