

LD9000053353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

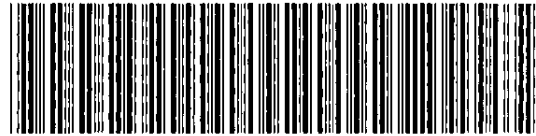
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
09 JUN -2 AM 11:49

G. MCLEOD

JUN - 3 2009

EXAMINER

C.F. #125.00

**ELIZABETH R. PAULUS
ANTIQUES**

5204 Hammock Pointe Ct.
St. Cloud, Florida 34771

*19th Century Furniture and Accessories
from the Farmlands of America*

Phone
407-957-9194

TO: SEC. OF STATE OF FLORIDA
R.A. GRAY BUILDING
500 S. BROWN ST.
TALLAHASSEE FL.
32399-0250

ENCLOSED PLEASE FIND ARTICLES OF
ORGANIZATION FOR ELIZABETH R. PAULUS ANTIQUES INC
ALONG WITH CHECK IN THE AMOUNT OF \$125.00
FILING FEE.

Sincerely,
Elizabeth R. Paulus

**ARTICLES OF ORGANIZATION
FOR
ELIZABETH R. PAULUS ANTIQUES, LLC**

ARTICLE 1

The name of the Limited Liability Company is:

ELIZABETH R. PAULUS ANTIQUES, LLC

ARTICLE II

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

Principal Office Address:

5204 Hammock Pointe Ct.
St. Cloud, FL 34771

Mailing Address:

5204 Hammock Pointe Ct.
St. Cloud, FL 34771

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

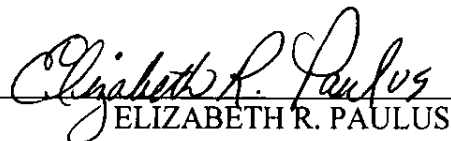
Any and all lawful business.

ARTICLE IV

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

Elizabeth R. Paulus
5204 Hammock Pointe Ct.
St. Cloud, FL 34771

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.


ELIZABETH R. PAULUS

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DIVISION OF CORPORATIONS
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ARTICLE V

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

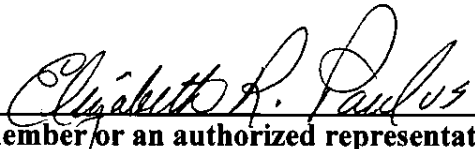
Title:

Name and Address:

"MGRM" = Managing Member

Elizabeth R. Paulus
5204 Hammock Pointe Ct.
St. Cloud, FL 34771

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).

ELIZABETH R. PAULUS