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(Re	equestor's Name)	<u> </u>
(Ad	idress)	
. (Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Seconds Division of Corp	ction porations		**************************************	
SUBJECT: Eager f	or Change, LLC			
SUBJECT.		ed Liability Com	ipany)	
The enclosed Articles of	Organization and fee(s) are	submitted for fil	ing.	
Please return all correspon	ndence concerning this matt	ter to the followi	ng:	
John J. Tho	ompson			
		(Name of Person)		
self				
		(Firm/Company)		
5550 Heroi	Point Drive			
	·	(Address)		
Naples, FL	34108			
<u></u>	(Cit	y/State and Zip Co	ode)	
For further information co	oncerning this matter, please	e cali:		
John J. Thomps	son	_{at (} 239	821 - 515	58
(Name o	f Person)	(Area C	ode & Daytime Te	lephone Number)
Enclosed is a check for	the following amount:			
√ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified C (additional co		\$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	Registr Divisio Clifton	Courier Addresseration Section of Corporation Building Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eager for Change, LLC	y is:	
	Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
5550 Heron Point Drive	5550 Heron Point Drive	_
Naples, FL 34108	Apartment 1103	
	Naples, FL 34108	
	tered Office, & Registered Agent's Signat Registered Agent. You must designate an individual or an	other
The name and the Florida street address of John J. Thompso	on g	SECRETAL SECRETA
The name and the Florida street address of John J. Thompso		PILL 13
The name and the Florida street address of John J. Thompso	Name	PILLI3 PH
The name and the Florida street address of John J. Thompso 5550 Heron Point	Name	PILL 3 PHIZ:
The name and the Florida street address of John J. Thompso 5550 Heron Point	on Name t Drive #1103	PILL 3 PH 12: 22 2009 JUL 13 PH 12: 22
The name and the Florida street address of John J. Thompso Solve Street	t Drive #1103 et address (P.O. Box NOT acceptable)	7009 JUL 13 PM 12: 22 SECRETARY OF STATE A

My Mingran

Registered Agent's Signature (REQUIRED

(CONTINUED) Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follaus JUL 13 PM 12: 22

	Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:	SECRETARY OF STATE TABLEAHASSEE, FLORIDA
	MGR	John J. Thompson 5550 Heron Point Drive #1103 Naples, FL 34108	
	(Use attachment if necessary)	
(If an	CLE V: Effective date, if othe effective date is listed, the day days after the date of filing	than the date of filing:e must be specific and cannot be more the	(OPTIONAL) nan five business days prior
	REQUIRED SIGNATURI	:	a member.
	(In accordate of this docu	ce with section 608.408(3), Florida Statutes, the nent constitutes an affirmation under the penaltients stated herein are true.)	execution
	John J	Thompson	

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)

Typed or printed name of signee