

L090000068087

(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:

L. SELLERS

JUL 16 2009

EXAMINER

Office Use Only



800158347598

07/14/09--01050---008 **130.00

09 JUL 14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FS2 FLEXO SERVICES, 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:

MR. RICHARD F. JACKSON

Name of Person

FS2 FLEXO SERVICES LLC.

Firm/Company

7350 ASHLEY SHORES CIRCLE # C/O. Box 540531 GREENACRES FL 33465

Address

LAKE WORTH - FL. 33467

City/State and Zip Code

richardjacksonfs2@yahoo.com

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

For further information concerning this matter, please call:

RICHARD F. JACKSON

Name of Person

at (561) 373-0251

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FS2 FLEXYO SERVICES LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

7358 ASHLEY SHORES CIRCLE
LAKE WORTH
FL 33467.

Mailing Address:

P.O. BOX 540531
GREENACRES
FL 33454.

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:

TRINITYGRAPHIC USA

Name

885 TALLEVAST RD

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

SARASOTA FL 34243

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL 14 PM 1:30

FILED

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:

MGRM.

MR. MARK BAUM.

1130 LAMOILLE LANE.

CHARLOTTE - N.C. - 28228.

MGRM.

MR. RICHARD E. JACKSON.

7358 ASHLEY SHORES CIRCLE.

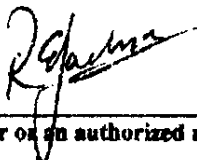
LAKE WORTH - FL. 33462.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

RICHARD E. JACKSON.

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)