

LD9000083996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

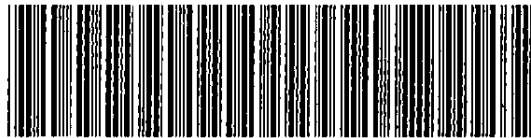
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2009 AUG 31 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

Sept. 1 2009

EXAMINER



August 13, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Sarala LLC - Registration**

Dear Sir/Madam:

Enclosed are the State of Florida Articles of Organization and \$125 registration fee for Sarala, LLC.

Any forms or correspondence from your office can be sent to the mailing address as noted on page 2 of these forms:

Sarala LLC  
c/o O'Hern  
FSM Capital Management LLC  
2000 Auburn Dr. Suite 330  
Cleveland, OH 44122

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim".

Tim Carneval, CPA, CFP, MS  
FSM Capital Management LLC  
Direct Line: 216-916-8427

Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sarala, 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:

Sarah Leann Longwell

Name of Person

Firm/Company

5169 Fairway Oaks Drive

Address

Windermere Florida 34786

City/State and Zip Code

Tim@fsmcap.com

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

For further information concerning this matter, please call:

Tim Carneval

Name of Person

at ( 216 ) 916-8420

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2009

SARAH LEANN LONGWELL  
5169 FAIRWAY OAKS DR.  
WINDERMERE, FL 34786

SUBJECT: SARALA, LLC  
Ref. Number: W09000037680

We have received your document for SARALA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00028229



August 27, 2009

Ms. Carolyn Lewis  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 23214

**RE: Alasar LLC (initially applied under the name Sarala LLC)**

Dear Carolyn:

Enclosed are the registration papers for Alasar LLC. The shareholders initially applied for the name "Sarala LLC" but it turns out this name was taken already as a corporation (INC). I believe this initial application was under your reference # W09000037680. With that application, a check for \$125 was sent in. It is my understanding that your office still is holding this check and can apply it toward the current application under Alasar LLC.

Thank you again for you time and consideration to this application.

If you have any questions or need to contact me, please do not hesitate to do so at 216-916-8427.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim".

Tim Carneval CPA, CFP®, MS  
FSM Capital Management LLC  
Direct Line: 216-916-8427  
Fax: 216-916-8421

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALASAR 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:

Sarah Leann Longwell

Name of Person

Firm/Company

c/o FSM Capital Management LLC / Tim Carneval

Address

2000 Auburn Dr. Suite 330 Cleveland, OH 44122

City/State and Zip Code

tim@fsmcap.com

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

For further information concerning this matter, please call:

Tim Carneval

Name of Person

at (

216

) 916-8427

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:

ALASAR LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5199 Latrobe Dr.  
Windermere, FL 34786

2000 Auburn Dr.  
Suite 330  
Cleveland, OH 44122

**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:

Sarah Leann Longwell

Name

5169 Fairway Oaks Dr.

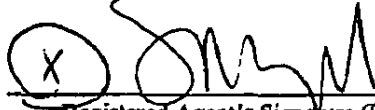
Florida street address (P.O. Box **NOT** acceptable)

Windermere FL 34786

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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

Sarah Leann Longwell

5169 Fairway Oaks Drive

Windermere, FL 34786

MGR

Alana O'Hern

5169 Fairway Oaks Drive

Windermere, FL 34786

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Sarah Leann Longwell

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)

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TALLAHASSEE, FLORIDA

