

LO9000087432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

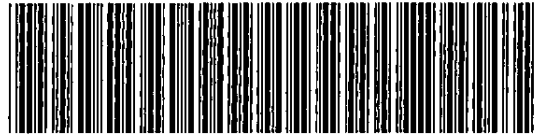
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/09--01024--024 **160.00

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09 SEP 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 08 2009
EXAMINER

1009-60228



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2009

JOHN J PENNACHIO
850 NW FEDERAL HIGHWAY SUITE 135
STUART, FL 34994

SUBJECT: SAFETY FIRST FINANCIAL OF FLORIDA LLC
Ref. Number: W09000040228

We have received your document for SAFETY FIRST FINANCIAL OF FLORIDA LLC and your check(s) totaling \$160.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00029733

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Safety First Financial of Florida 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:

John J. Pennachio

Name of Person

Safety First Financial, Inc.

Firm/Company

850 NW Federal Highway, Suite 135

Address

Stuart, Florida 34994

City/State and Zip Code

✓ JP@1stfinc.com

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

For further information concerning this matter, please call:

John J. Pennachio

Name of Person

at (772)

403-8155

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



FILED
09 SEP -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-9-09

Attn: Suzanne

Safety First financial Inc. is also owned 100 percent by John Pennachio. Ownership of Safety First Financial of Florida LLC is owned by Safety First Financial Inc.

Thanks,

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

John Pennachio

RECEIVED
09 SEP -9 PM 12:44
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safety First Financial of Florida 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:

850 NW Federal Hwy
Suite 135
Stuart, Florida 34994

Mailing Address:

P.O. Box 8063
Lakeland, Florida
33802

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:

John J. Pennachio

Name

850 NW Federal Hwy, Suite 135

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

Stuart, FL 34994

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)

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

Safety First Financial, Inc
850 NW Federal Hwy, Suite 135
Stuart, FL 34994

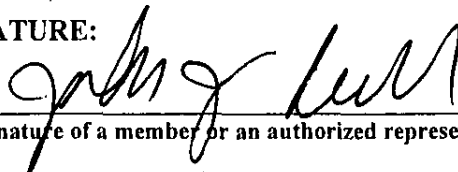
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(Use attachment if necessary)

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.)

John J. Pennachio, President

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)