

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT -5 PM 2:39

P.U.T. Systems LLC
Mailing Address:
337 SE 47th Terrace
Cape Coral, FL 33904

October 2, 2009

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

Reference: Filing Fee for P.U.T. Systems LLC
Articles of Organization

To Whom it May Concern:

Our office inadvertently omitted the check for the filing fee when the Articles of Organization were sent last week. We are enclosing this check for the filing and Certificate of Status for \$130.00. We are also sending you a copy of the original Articles filed which should be in your office. We apologize for this oversight. Please feel free to call our office at 239-281-1585 or email Dawn_gulfportsupply@yahoo.com if you have any questions or concerns regarding this matter.

Sincerely,



Dawn Baldiga

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.U.T. Systems 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:

Dawn L. Baldiga
Name of Person

Firm/Company

357 SE 47th Terrace
Address

Cape Coral, FL 33904
City/State and Zip Code

dawn_quifortsupply@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Baldiga
Name of Person

at (239) 281-1585
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:

P.U.T. Systems 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:

216 S. Lombardy Loop
Fruit Cove, FL 32259

Mailing Address:

337 SE 47th Terrace
Cape Coral, FL 33904

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:

Dawn L. Baldiga
Name

337 SE 47th Terrace
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33904
City, State, and Zip

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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.

Dawn L. Baldiga
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

John Spitlee
216 S. Lombardy Loop
Fruit Cove, FL 32259

MGRM

Nate Rothstein
605 LYNN AVE Ste C
Long Beach, MS 39560

(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 Spitlee

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)