

LD91000103023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

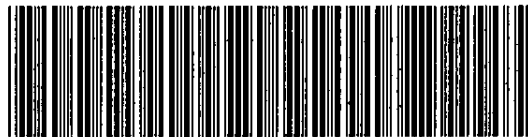
Special Instructions to Filing Officer:

L. SELLERS

OCT 26 2009

EXAMINER

Office Use Only



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10/23/09--01037--015 **130.00

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09 OCT 23 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

James S. Eyster
3555 SW 87th Place
Ocala, FL 34476
(352) 216-4055
email: eysterboat@yahoo.com

October 21, 2009

Registration Section
Division of Corporations
409 E. Gaines, St.
Tallahassee, FL 32399

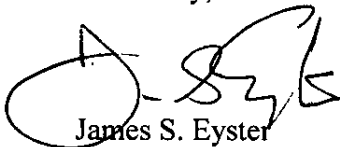
Dear Sirs:

Attached please find required documentation for the registration of:

My-Place Recreational Storage LLC

Please contact me at the above number if you have questions or need additional information. Thank you.

Ssincerely,



James S. Eyster

Encl.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY-PLACE RECREATIONAL STORAGE 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:

JAMES S. EYSTER
(Name of Person)

MY-PLACE RECREATIONAL STORAGE LLC
(Firm/Company)

3555 SW 87TH PLACE
(Address)

OCALA, FL 34476
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES S. EYSTER at (352) 216-4055
(Name of Person) (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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MY-PLACE RECREATIONAL STORAGE LLC

ARTICLE II - Address:

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

Principal Office Address:

3555 SW 87th PL.
OCALA, FL 34476

Mailing Address:

3555 SW 87th PL.
OCALA, FL 34476

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JAMES S. EYSTER

Name

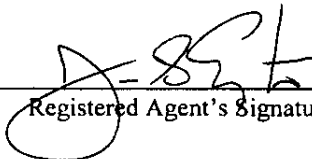
3555 SW 87th PL.

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

OCALA FL 34476

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

(CONTINUED)

Page 1 of 2

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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:

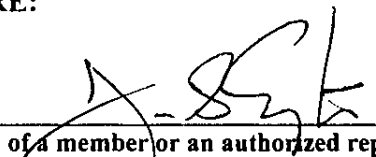
MGRM

JAMES S. EYSTER
3555 SW 87th PLACE
OCCALA, FL 34476

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JAMES S. EYSTER

 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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