

L100000014397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

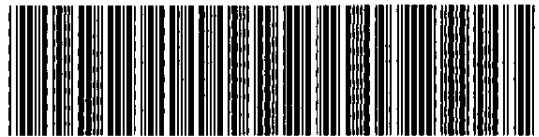
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Louise DATE
ART+III
DATE 2/8/10
DOC. EXAM.

Office Use Only



900166977259

01/27/10--01038--020 **185.00

FILED
10 FEB -8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-25-2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FONTAINE & FONTAINE, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

LOUISE FONTAINE
(Contact Person)

FONTAINE & FONTAINE
(Firm/Company)

4171 ALHAMBRA DR. W.
(Address)

JACKSONVILLE, FL 32207
(City, State and Zip Code)

For further information concerning this matter, please call:

LOUISE FONTAINE at (904) 598-8886
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2010

LOUISE FONTAINE
4171 ALHAMBRA DRIVE W.
JACKSONVILLE, FL 32207

SUBJECT: FONTAINE & FONTAINE, LLC
Ref. Number: W10000004505

We have received your document for FONTAINE & FONTAINE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

I am enclosing the General Partnership Registration.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 110A00002350

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FONTAINE & FONTAINE, 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:

4171 ALHAMBRA DR. W.
JACKSONVILLE
FLORIDA 32207

← SAME AS

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:

Robert Fontaine

Name

4171 ALHAMBRA DR. W.

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

JACKSONVILLE FL 32207

City, State, and Zip

FILED
10 FEB - 8 PM 2:16
RECEIVED
CLERK 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.

Fontaine

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

LOUISE FONTAINE
4171 ALHAMBRA DR. W.
JACKSONVILLE, FL 32207

MGRM

ROBERT FONTAINE
4171 ALHAMBRA DR. W.
JACKSONVILLE, FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

DATE OF FILING
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Louise Fontaine

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.)

LOUISE FONTAINE

Typed or printed name of signee

FILED
10 FEB - 8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)