

L10000019202

(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:

Office Use Only



500163768035

500163768035
02/18/10--01042--009 **160.00

EFFECTIVE DATE
2/11/10

FILED
10 FEB 18 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Callaghan

FEB 19 2010

February, 11, 2010

RE: FITUMI ENTERPRISES LLC

To Whom It May Concern.

Enclosed is the filing and fee for the LLC, FITUMI ENTERPRISES LLC.

**I was a little confused as to the process and also filed a FICTICIOUS NAME
In the same.**

**Yesterday, I sent in an AMMENDMENT to remove one member and add
Another, with a \$30.00 fee for the FICTIOUS NAME. Now, I realized we hadn't
even filed the LLC.**

**I called for assistance and was told that the \$30 fee would be returned and then
Just to file the LLC (which is enclosed), and that we DO NOT need a
FICTICIOUS NAME. I also paid a \$60 fee for the FICTICIOUS NAME, which
Is what I thought we needed and now I'm told we didn't.**

**Please return the \$30 and \$60 to : Cindy Rodrigues
605 Tangerine St.
Nokomis, Florida 34275**

(Cynthia)

If you have any further questions, please contact me @ 941-468-0553

Thank You,

Cindy Rodrigues
**Cindy Rodrigues
MGRM - FITUMI ENTERPRISES LLC**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FITUMI ENTERPRISES 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:

CYNTHIA RODRIGUES

Name of Person

FITUMI ENTERPRISES LLC

Firm/Company

605 TANGERINE STREET

Address

NOKOMIS, FLORIDA 34275

City/State and Zip Code

EMPOWERU@VERIZON.NET

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

For further information concerning this matter, please call:

CYNTHIA RODRIGUES

Name of Person

at (**941**)

468-0553
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:

FITUMI ENTERPRISES 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:

605 TANGERINE STREET

605 TANGERINE STREET

NOKOMIS, FLORIDA 34275

NOKOMIS, FLORIDA 34275

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:

CYNTHIA RODRIGUES

Name

605 TANGERINE STREET

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

NOKOMIS, 34275 FL

City, State, and Zip

FILED
10 FEB 18 PM 3:49
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..

Cynthia Rodrigues
Registered Agent's Signature (REQUIRED)

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

CYNTHIA RODRIGUES
605 TANGERINE STREET
NOKOMIS, FLORIDA 34275

MGRM

DAVID MILLER
3118 43RD. STREET WEST
BRADENTON, FLORIDA 34209

MGRM

TROY MOORE
1310 STATE STREET
ALTON, ILLINOIS 62002

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 11, 2010. (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.)

CYNTHIA RODRIGUES

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)

FILED
10 FEB 18 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA