

L10000029548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

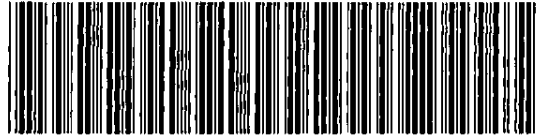
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/18/10--01003--001 **100.00

03/03/10--01030--016 **25.00

Effective Date

03/09/10

FILED
10 MAR 15 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-11072

J. BRYAN

MAR 18 2009

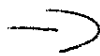
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2010

ROBERT & LISA FISHER
SUPER SPRAY
391 BARD RD
VENICE, FL 34293



Fischer

SUBJECT: SUPER SPRAY
Ref. Number: W10000011072

FILED
10 MAR 15 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SUPER SPRAY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not sure what you are trying to do, we have no Limited Liability Company by the name Super Spray. If you are wanting to file as a Limited Liability Company you will need to file the Articles of Organization and fees.,

We are enclosing the proper form(s) with instructions for your convenience.

* 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 710A00005349

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SuperSpray L.L.C
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:

Robert & Lisa Fischer
Name of Person

SuperSpray L.L.C
Firm/Company

391 Bard Rd
Address

Venice, FL 34293
City/State and Zip Code

ralfish@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob or Lisa Fischer at (941) 492-5732
Name of Person Fischer 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

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10 MAR 15 AM 8:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SuperSpray L.L.C

(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:

391 Bard Rd
VENICE FL 34293

Mailing Address:

391 Bard Rd
VENICE FL
34293

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:

Effective Date 03/09/10

Robert Fischer

Name

391 Bard Rd

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

VENICE FL 34293

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:

MGR

Robert Fischer
891 Bard Rd
Venice FL 34293

MGRM

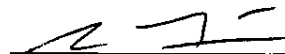
Lisa Fischer
391 Bard Rd
Venice FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/9/10 (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.)

Robert Fischer

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 MAR 15 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA