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(Requestor's Name)
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PICK-UP WAIT MAIL
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Codified Coming
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporat	ions		
SUBJECT: Appala	cian Sale Name of Limite	S Promotions d Liability Company	LLC.
The enclosed Articles of Organ	nization and fee(s) are s	ubmitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
Heat	h L. Bi	Hner Name of Person	
Appalacio	an Sales F	romotions LL Firm/Company	_C.
Characon pro-	1 17	First St. Address	
Merritt	Island bity	FL 3295 /State and Zip Code	3
asp. 110	c @ hotm	r future annual report notification)	
For further information concern		·	
Heath L. Bi			9996 ephone Number
Enclosed is a check for the fe	ollowing amount:		
	0.00 Filing Fee & tificate 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)
Regi Divi P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Appalacian Sales Promotions 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:
Appalacian Sales Promotions LLC 112 First St. Merritt Island, FL 32953 Merritt Island, FL 32953
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:
Heath L. Bittner Name
Florida street address (P.O. Box <u>NOT</u> acceptable)
Memitt Island FL 32953

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATIONS

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Heath L. Bittner 112 First St. Merritt Island, FL 32953
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA oe specific and cannot be more than five business day

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

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