## 1100000053917

(Requestor's Name)
(Address)
•
(Address)
•
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
(Cocument Number)
0.46-40-40-4
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
MAY 1.4 2010
MINI TOE SOID
EXAMINER
<u> </u>

Office Use Only



000171863390

03/12/10--01026--015 \*\*62.50

03/12/10--01026--016 \*\*62.50

19 MAY 12 PM 12: 02
SECRETARY OF STATE
AND A SSEEF FOORIDA

## CÓVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
-	lawrence M Heard Name of Person
-	Firm/Company
-	3904 Halloak Ct
-	Address
-	Valvico Fl 33590 City/State and Zip Code
	· ·
-	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
<u>Lai</u>	Name of Person at (813) 654 7682  Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
V	Of Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2010

LAWRENCE HEARD 3904 HALLOAK COURT VALRICO, FL 33596

SUBJECT: ATO ENTERPRISES LLC

Ref. Number: W10000013174

We have received your document for ATO ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L10000027911.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 210A00006507

## ARTICLE II - Name: The name of the Limited Liability Company is: ATO ASSOCIATES LLC (Must end with the words "Limited Liability Company, "LLC.," 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: Mailing Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company control sorve as its own Registered Agent. You must designate an individual or another business actify with an autive Flurible registered.) The name and the Florida street address of the registered agent are: Lawrence M Heaved Name

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.

904 Halloak C+\*
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

10 MAY 12 PH 12: 02
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member aurence 3904 Halloakct  $\omega_{\mathcal{L}}$ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot he more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member ar 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 )

awrence Hear

\$125.00 Filing Ree for Articles of Organization and Designation

Typed or printed name of signee

Page 2 of 2

: MOXIS

Filing Fora:

of Registered Agent

3 39,00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)