

L1000069142

(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

EFFECTIVE DATE

6/24/10



300182609323

06/28/10--01022--020 **160.00

FILED
10 JUN 28 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 29 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Noah Morrisette, 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:

Noah Morrisette

Name of Person

Firm/Company

1026 SW 24th Ave

Address

Boynton Beach, FL 33426

City/State and Zip Code

NoahMorrisette@gmail.com

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

For further information concerning this matter, please call:

Noah Morrisette

Name of Person

at (407)

690-6309

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
10 JUN 20 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Noah Morrisette, 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:

1026 SW 24th Ave

Boynton Beach, FL 33426

Mailing Address:

1026 SW 24th Ave

Boynton Beach, FL 33426

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:

Noah Morrisette

Name

1026 SW 24th Ave

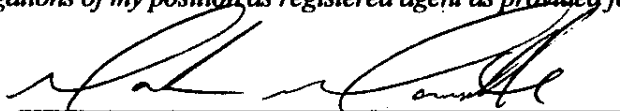
Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach

FL 33426

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)

Page 1 of 2

EFFECTIVE DATE 6/24/10

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10 JUN 28 PM 3:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Noah Morrisette

1026 SW 24th Ave

Boynton Beach, FL 33426

MGRM

Colleen McAlonan

1026 SW 24th Ave

Boynton Beach, FL 33426

MGRM

Randy Morrisette

3250 Corona Village Way #307

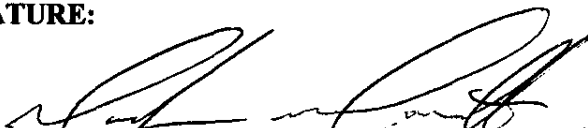
Orlando, FL 32835

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/24/2010 (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.)

Noah Morrisette

Typed or printed name of signee

FILED
10 JUN 28 PM 3:08
CLERK 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)