

L100000083519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

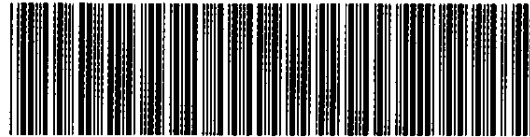
Special Instructions to Filing Officer:

L. SELLERS

AUG 10 2010

EXAMINER

Office Use Only



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10 AUG -9 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12418 Weather Stone Row
Bayonet Point, FL 34667
727-868-8914
www.rmlongo5@hotmail.com

IMPULSE LLC
Handmade Treasures

TO: Florida Department of State
Division of Corporations
Registration Section

FROM: Rose Marie Longo
12418 Weather Stone Row
Bayonet Point, FL 34667
(727) 868-8914

DATE: August 8, 2010

RE: Articles of Organization for new business

Enclosed please find the executed documents required to file the Articles of Organization for IMPULSE LLC as well as one copy and check #1103 for the registration fees.

Should you have any need of further information please feel free to contact me during regular business hours at the telephone number listed above.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMPULSE 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:

Rose Marie Longo

Name of Person

IMPULSE LLC

Firm/Company

12418 Weather Stone Row

Address

Bayonet Point, Florida 34667

City/State and Zip Code

rmlongo5@hotmail.com

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

For further information concerning this matter, please call:

Margaret Longo

Name of Person

at (727)

514-5535

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPULSE 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:

12418 Weather Stone Row

Bayonet Point, FL 34667

Mailing Address:

12418 Weather Stone Row

Bayonet Point, FL 34667

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:

Rose Marie Longo

Name

12418 Weather Stone Row

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

Bayonet Point

FL 34667

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.

Rose Marie Longo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Rose Marie Longo

12418 Weather Stone Row

Bayonet Point, FL 34667

MGRM

Margaret Longo

8620 Stonehedge Road

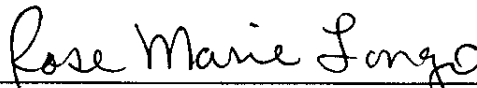
Bayonet Point, FL 34667

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

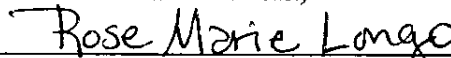
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)