

L10600084758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

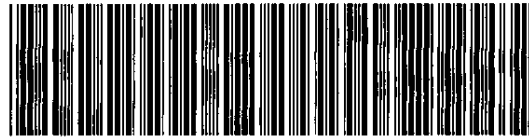
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/10--01027--017 **160.00

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10 AUG 11 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 12 2010

EXAMINER

S. HAWKES

~~JUL 26 2010~~

EXAMINER

W10-34901



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2010

CHRISTOPHER JOHN ORLETSKI
8090 BAUTUSTA WAY
PALM BEACH GARDENS, FL 33418

SUBJECT: FLUSH, LLC
Ref. Number: W10000034901

We have received your document for FLUSH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00018023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLUSH, 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:

Christopher John Orletski

Name of Person

Firm/Company

8090 Bautista Way

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

FLUSH.LLC@Hotmail.com

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

For further information concerning this matter, please call:

Chris Orletski

Name of Person

at (561)

222-1175

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLUSH, 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:

8090 Bautista Way

Palm Beach Gardens, FL 33418

Mailing Address:

8090 Bautista Way

Palm Beach Gardens, FL 33418

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:

Karin Sallent

Name

1208 Seminole Blvd


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

North Palm Beach

FL 33408

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)

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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

Landon Tyler Cross

1208 Seminole Blvd

North Palm Beach, FL 33408

MGR

Christopher John Orletski

8090 Bautista Way

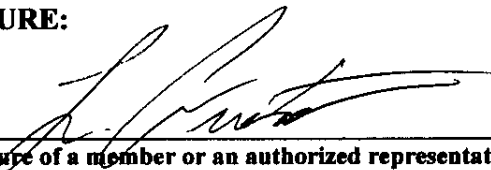
Palm Beach Gardens, FL 33418

(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.)

Landon Tyler Cross

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 AUG 11 PM 4:30
TREASURER OF STATE
PALM BEACH, FLORIDA