

L10000091845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

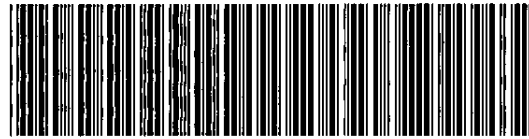
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500184091315

08/09/10--01015--012 **155.00

FILED
10 AUG 31 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-37565

J. BRYAN

SEP -1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alecto Investment & Property Management 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:

Norha Wells
Name of Person

Alecto Investment & Property Management LLC.
Firm/Company

5264 Lark Lane
Address

Crestview, Florida 32539
City/State and Zip Code

Alecto. Woolley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norha Wells at (850) 689-1403
Name of Person 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

FILED
10 AUG 31 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2010

NORHA WELLS
ALECTO INVESTMENT & PROPERTY MANAGEMENT
5264 LARK LANE
CRESTVIEW, FL 32539

SUBJECT: ALECTO INVESTMENT & PROPERTY MANAGEMENT LLC
Ref. Number: W10000037565

FILED
10 AUG 31 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALECTO INVESTMENT & PROPERTY MANAGEMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 010A00019192

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alecto Investment & Property & Management, 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:

5264 LARK LANE
Crestview, FL. 32539

Mailing Address:

SAME

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:

NORTH G. WELLS
Name

5264 LARK LANE
Florida street address (P.O. Box **NOT** acceptable)
Crestview FL. 32539
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..

X North G. Wells
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 AUG 31 PM 1:14
SECRETARY 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

Lyonel E. Woolley
3030-1D Trappers Cove Trail
Lansing, M.I. 48910

MGRM

NORTH G. WELLS
5264 LARK LANE
Crestview, FL. 32539

MGRM

Gloria L. Woolley
101 S.W. 14 CT. #3
Pompano, Beach, FL. 33060

(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:

X NORTH G. WELLS

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.)

NORTH G. WELLS

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 31 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA