

L10000102721

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10 SEP 30 PM 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 1 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EN PLEIN AIR 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:

NOREEN COUP

Name of Person

Firm/Company

8949 ROYAL BIRKDALE LN.

Address

ORLANDO, FL. 32819

City/State and Zip Code

noreen.coup@gmail.com

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

For further information concerning this matter, please call:

NOREEN COUP

Name of Person

at ( 321 ) 945-3081

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 SEP 30 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

EN PLEIN AIR, 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:

#### Mailing Address:

8949 ROYAL BIRKDALE LN.  
ORLANDO, FL 32819

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:

THIERRY COUP

Name

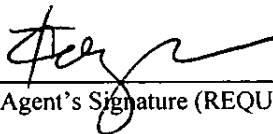
8949 ROYAL BIRKDALE LN.

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

ORLANDO FL 32819

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)

FILED  
10 SEP 30 PM 4:00  
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:**

<u>NOREEN COUP</u>	<u>MGR</u>	<u>NOREEN COUP</u> <u>8949 ROYAL BIRKDALE LN.</u> <u>ORLANDO, FL 32819</u>
<u>THERRY COUP</u>	<u>MGRM</u>	<u>THERRY COUP</u> <u>8949 ROYAL BIRKDALE LN.</u> <u>ORLANDO, FL 32819</u>
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

(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.)

NOREEN COUP  
Typed or printed name of signee

FILED  
10 SEP 30 PM 38  
SECRETARY 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)