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2010 NOV - J PM -3: 00 DECRETARY OF STATE TALLAHASSEE, FLORIOZ

C. LEWIS NOV 2 2010 EXAMINER

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: A Noisette, LLC  Name of Limited Liability Company
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:
ANDRE NOISETTE Name of Person
A NOISETTE, LLC
,
596 SW LAKE CHARLES CIR.
PORT ST Lucie, FL 34986  City/State and Zip Code  andrenoisette @ gmail.com  E-mail address: (to be used for future annual report notification)
andrenoisette @ smail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDRE NoiseTTE at (772) 626-4811  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 125.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$160.00 Filing Fee, \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Company, "L.L.C.," or "LLC.")
cipal office of the Limited Liability Company is:
Mailing Address:
596 SW LAKE CHARLES CIR PORT ST LUCIE, FL 34986
Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
istered agent are:
istered agent are:
ARLES CIR  is (P.O. Box NOT acceptable)  FL 34986  and Zin

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

Having been named as registered agent and to accept service of process for the above stated limited

FILED

MGR	ANDRE NOISETTE 596 SW LAKE CHARLES CIR PORT ST LUCIE, FL 34986
	PORT ST LUCIE, FL 34980
	the date of filing: (OPTIC st be specific and cannot be more than five business
ashi H	mber or an authorized representative of a member.
of this document co	NOISETTE
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