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A. LUNT

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**EXAMINER** 

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# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: COMPLETE 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:
BONNIE GOERLICH
Name of Person
COMPLETE MANAGEMENT,LLC
Firm/Company
350 WIMBLEDON LANE ≅ ⇔
Address ;;;
NAPLES, FL 34104
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BONNIE GOERLICH at (239 ) 434-9100
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## COMPLETE 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 A	<u>aaress:</u>	=	vialing Address:			
350 WIMBLEDON NAPLES, FL 34104			350 WIMBLEDON LN NAPLES, FL 34104		<del>-</del>	
					201	
	ompany cannot serv	e as its own Registere	Office, & Registered Ag ed Agent. You must designate an		tugge:	ane.is
The name and the	Florida street ac	ddress of the reg	istered agent are:		3	
	BONNIE G	OERLICH			Ŧ.	
		Name		E THE	7	
	350 WIM	BLEDON	LN			
	]	Florida street addre	ss (P.O. Box NOT acceptable	<del>;</del> )		
	NAPLES		<sub>FL</sub> 34104			
		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)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:	
BONNIE GOERLICH	
350 WIMBLEDON LN NAPLES, FL 34104	
	20H
	<b>10 10 10 10 10 10 10 10</b>
late of filing: 1/11/2011	. (OPTIONAL)
	350 WIMBLEDON LN

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### **BONNIE GOERLICH**

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)