

L11000007550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

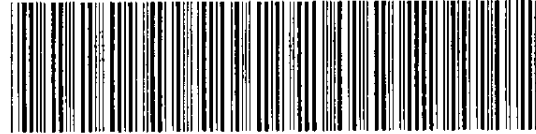
Special Instructions to Filing Officer

L. SELLERS

JAN 19 2011

EXAMINER

Office Use Only



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01/18/11--01002--004 **130.00

FILED
11 JAN 18 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

William E. Ringelstein
DOCUMENT PREPARATION AGENCY
1780 Deborah Dr., Unit 12
Punta Gorda, FL 33950
(941) 637-9979

January 11, 2011

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

Attached you will find Articles of Organization (original + 1 copy), check #1593 in the amount of \$130.00, and Transmittal Letter pursuant to filing nonprofit Articles of Organization for Safe Haven Property Management, LLC.

Please send the Certificate of Incorporation and address any correspondence directly to me at the above address; I am acting on behalf of the applicant.

Thank you.

Sincerely,



William E. Ringelstein
Document Preparation Agency

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe Haven 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:

William Ringelstein

Name of Person

Document Preparation Agency

Firm/Company

1780 Deborah Dr., Unit 12

Address

Punta Gorda, FL 33950

City/State and Zip Code

laffitte@juno.com

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

For further information concerning this matter, please call:

William Ringelstein

Name of Person

at (941) 637-9979

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 18 AM 11:09

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safe Haven 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:

c/o Sean Laffitte

2727 SE 16th Ter.

Cape Coral, FL 33904

Mailing Address:

c/o Sean Laffitte

PO Box 100509

Cape Coral, FL 33910

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:

Sean Laffitte

Name

2727 SE 16th Ter.

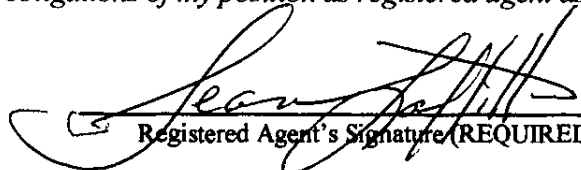
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral, FL 33904

FL

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sean Laffitte

2727 SE 16th Ter.

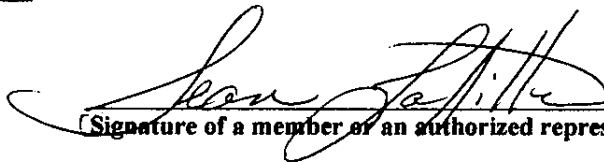
Cape Coral, FL 33904

(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. 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.)

Sean O. Laffitte

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)