

L11000015659

Law Offices of Michael Moran

2197 Ringling Boulevard
Sarasota, FL 34237-6135

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

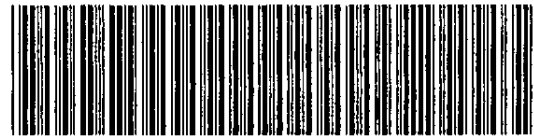
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200192992292

02/03/11--01015--030 **130.00

FILED

2011 FEB -3 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

FEB 07 2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.W. of Sarasota, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principle Office

Keith A. Harrison
4001 Arrow Avenue
Sarasota, FL 34232

Mailing Address

C.W. of Sarasota, LLC.
4001 Arrow Avenue
Sarasota, FL 34232

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:

Keith A. Harrison
4001 Arrow Avenue
Sarasota, FL 34232

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)

FILED
2011 FEB - 3 AM 11:52
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

"O" = Officer

Name and Address

1) MGRM

Keith A. Harrison
4001 Arrow Avenue
Sarasota, FL 34232

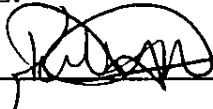
2) MGRM

Debra L. Harrison
4001 Arrow Avenue
Sarasota, FL 34232

ARTICLE IV - Effective date:

Effective upon 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.)

Keith A. Harrison

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
2011 FEB -3 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA