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| (Red | questor's Name) | | | |
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| (City | //State/Zip/Phone | ? #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



600193914776

02/15/11--01019--017 **125.00

Effective Date 02/08/11

SECRETARY OF STATE DIVISION OF CORPORATIONS

FEH 1 8 2011 EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporation | ons | • | | |
|----------------------------------|---|--|------------------------------|--|
| SUBJECT: Feltrim Do | tCom | | | |
| SUBJECT. | Name of Limited | Liability Compar | ny | |
| The enclosed Articles of Organi | zation and fee(s) are sul | bmitted for filing. | | |
| Please return all correspondence | concerning this matter | to the following: | | |
| Garrett Kenny | , | | | |
| Garrett Kenny | | ame of Person | | |
| Feltrim DotCo | m | | | |
| | | irm/Company | | |
| 116 B Polo Pa | rk East Blvd | | | |
| | | Address | | |
| Davenport, FL 3 | 3897 | | | |
| | • | State and Zip Code | | |
| garrett@feltrim.co | om ill address: (to be used for | future annual repor | t notification) | |
| For further information concern | | _ | | |
| Carrott Kanny | | 060 | 050 0040 | |
| Garrett Kenny Name of Person | | at (<u>863</u> Area Code | 353-0016 & Daytime Teleph | ione Number |
| | | | | |
| Enclosed is a check for the fo | _ | _ | | |
| | .00 Filing Fee & Lificate of Status | \$155.00 Filing Certified Cop (additional copy | у | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regis Divis P.O. | ing Address tration Section ion of Corporations Box 6327 hassee, FL 32314 | Registration Division of Clifton Bu 2661 Exec | f Corporations | rcle |

Effective Date 02 08/1)

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | | |
|--|---|--|--|
| ARTICLE I - Name: | | | |
| The name of the Limited Liability Con | npany is: | | |
| Feltrim DotCom LLC | | | |
| (Must end with the words "Lir | nited 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: | | |
| 116 B Polo Park East Blvd | | | |
| Davenport FL. 33897 | | | |
| | | | |
| | egistered Office, & Registered Agent's Signature: | | |

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Garrett Kenny Name

116 B Polo Park East Blvd

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

_{FL} 33897 Davenport 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..

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| President | Garrett Kenny |
| | 116 B Polo Park East Blvd |
| | Davenport FL. 33897 |
| Secretary | Angela Kenny |
| <u></u> | 116 B Polo Park East Blvd |
| | Davenport FL. 33897 |
| Vice President | Lorcan Claffey |
| | 116 B Polo Park East Blvd |
| | Davenport FL. 33897 |
| MGR | Padraig O' Connell |
| | 116 B Polo Park East Blvd |
| | Davenport FL. 33897 |
| (Use attachment if necessary) RTICLE V: Effective date, if other than t if an effective date is listed, the date must o or 90 days after the date of filing.) | he date of filing: 02/08/2011 . (OPTIONAL) the specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |

Garrett Kenny

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)

SECRETARY OF STATE DIVISION OF CORPORATION