

L11000020789

(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:

A. LUNT

FEB 17 2010

EXAMINER
Office Use Only



200194181832

02/16/11--01015--030 **160.00

FILED
2011 FEB 16 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KNOLLMILLER & ARENOFSKY, LLP

Attorneys at Law

JAMES G. KNOLLMILLER**
RAYMOND F. ARENOFSKY*
KEVIN P. McFADDEN

(480) 345-0444

1745 S. ALMA SCHOOL ROAD
SUITE 130
MESA, ARIZONA 85210

FAX (480) 820-4779

E-MAIL

jknollmiller@aboutestateplanning.com
kmcadden@aboutestateplanning.com
ray@azaccidentlawfirm.com


* ALSO ADMITTED IN NEW JERSEY
**CERTIFIED TAX, TRUST & ESTATE SPECIALIST
ALL CERTIFICATIONS BY STATE BAR OF ARIZONA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
FEB 16 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

We are enclosing documents regarding the filing of a Limited Liability Company Articles of Organization. For your reference, we have enclosed the cover letter and two copies of Articles of Organization of the Florida Limited Liability Company for Copy Cat Copy Centers, LLC together with a check in the amount of \$160.00 for a Filing Fee and Certificate of Status & Certified Copy. We are therefore enclosing the original and two copies of the Articles of Organization for you to give us a certified copy. Please return the certified copy to the party indicated in the cover letter.

Thank you.


James G. Knollmiller

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Copy Cat Copy Centers, 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:

James G. Knollmiller

Name of Person

KNOLLMILLER & Arenofsky, LLP

Firm/Company

1745 S. Alma School Road, Suite 130

Address

Mesa, Arizona 85210

City/State and Zip Code

jknollmiller@aboutestateplanning.com

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

For further information concerning this matter, please call:

James G. Knollmiller

480-345-0444

at ()

Name of Person

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

2011 FEB 16 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Copy Cat Copy Centers, LLC

ARTICLE II- Address:

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

Principal Office Address:

131 N. Volusia Ave
Orange City, Florida 32763

Mailing Address:

131 N. Volusia Ave
Orange City, Florida 32763

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature

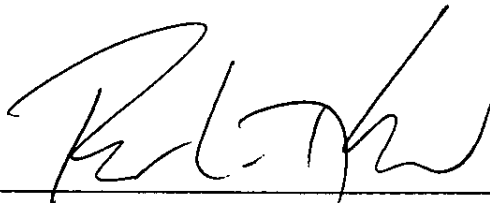
The name and the Florida street address of the registered agent are:

Richard L. Nicolds
103 N. Volusia Ave
Orange City, FL 32763

2011 FEB 16 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

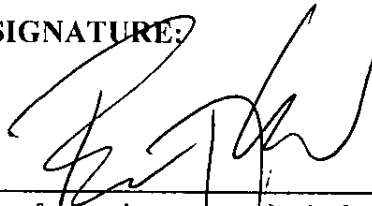
James E. Baker
1818 Portview Ave
Deltona, FL 32738

MGRM

Richard L. Nicolds
103 N. Volusia Ave.
Orange City, FL 32763

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 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.)

Richard L. Nicolds

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
TALLAHASSEE, FLORIDA

2011 FEB 16 PM 3:20

FILED