

L11000025306

(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:

W11-6985

Office Use Only



900192991649

02/03/11--01019--022 **130.00

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11 MAR -1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 1 2011

EXAMINER

EFFECTIVE DATE

03/01/11

Wanted Dead or Alive L.L.C.

2309 Hancock Bridge Parkway Unit # C

Cape Coral, FL 33990

239 633 5080

941-204-5144

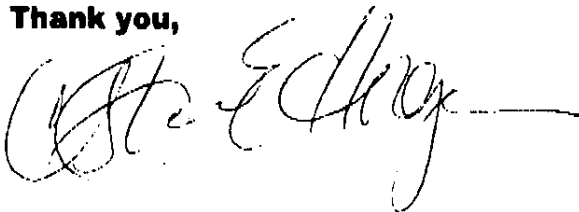
Fax 239-652-0858

wanteddoa@embargo.com

To whom it may Concern:

I am writing this letter in reference to my L.L.C. application I had a corporation with the same name and have dissolved the corporation I have no intent to use the corporation and release the use of the name for my L.L.C. usage. Please find my attached copy of the L.L.C. application to this letter along with the proper fee.

Thank you,



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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2011

CHRISTINE E HORGAN
1011 APRIL LN
NORTH FORT MYERS, FL 33903

SUBJECT: WANTED DEAD OR ALIVE L.L.C.
Ref. Number: W11000006985

We have received your document for WANTED DEAD OR ALIVE L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00003041

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wanted Dead or Alive 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:

Christine E Horgan
Name of Person

Wanted Dead or Alive
Firm/Company

1011 April Ln
Address

North Fort Myers FL 33903
City/State and Zip Code

Wanteddm@embargo@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Horgan at 941, 204-5144
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wanted Dead or Alive L.L.C.

(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:

2309 Hancock bridge Pkwy
Cape Coral FL
33914

Mailing Address:

1011 Azadi Ln
N.E. Myers FL
33903

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:

Marian E Helgan
Name

27060 Richview Ct
Florida street address (P.O. Box **NOT** acceptable)

Buck Springs FL 334135
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.

Marian E Helgan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 03/01/11

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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

Name and Address:

MGR

Christopher Cullen

1011 April Ln

N.E. Myers 33903

MGR

Christine E Horgan

1011 April Ln

N.E. Myers Fl 33903

MGRM

Victoria E. Cullen

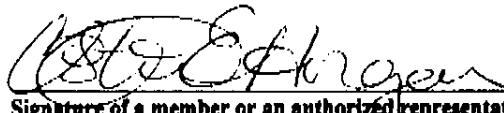
1011 April Ln

N.E. Myers Fl 33903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/1/11 (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.)

Christine E Horgan

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)

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