

L11000030463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

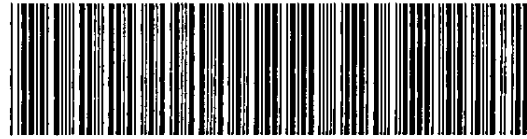
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/11--01007--006 **125.00

Effective Date 3/6/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 11 AM 8:39

T. HAMPTON
MAR 14 2011
EXAMINER

211-12300

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIGHT DIMENSIONS 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:

KEITH JOHNSON

Name of Person

RIGHT DIMENSIONS LLC.

Firm/Company

2832 RIDGE AVENUE

Address

SARASOTA FL 34235

City/State and Zip Code

RIGHTDIMENSIONS@GMAIL.COM

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

For further information concerning this matter, please call:

KEITH JOHNSON

Name of Person

at (941) 685-1532

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAR 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 3, 2011

KEITH JOHNSON
2832 RIDGE AVE
SARASOTA, FL 34235

SUBJECT: RIGHT DIMENSIONS LLC
Ref. Number: W11000012300

We have received your document for RIGHT DIMENSIONS LLC and your check(s) totaling \$125.00. 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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00005297

To: FLORIDA DEPARTMENT OF STATE

Division of Corporations

Ref. Number W11000012300

I Keith Johnson, DPS of Right Dimensions Inc. at 2832 Ridges Ave. Sarasota Fl. have no intentions of reinstating Right Dimensions Inc. and would like you to release the name for use to another entity. I thank you very much.

Keith Johnson - DPS. 3/8/2011
Keith Johnson, DPS. Right Dimensions Inc. Date

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DIVISION OF CORPORATIONS
11-MAR-11 AM 8:39

Effective Date 3/6/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIGHT DIMENSIONS 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:

2832 RIDGE AVE.
SARASOTA FL 34235

Mailing Address:

2832 RIDGE AVE.
SARASOTA FL 34235

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 JOHNSON
Name

2832 RIDGE AVE.
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA FL 34235
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)

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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

KEITH JOHNSON
2832 RIDGE AVE.
SARASOTA FL. 34235

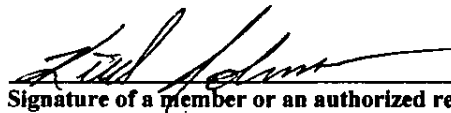
MGRM

DAMEN THIBODEAU
3017 7TH AVE. WEST
BRADENTON FL 34205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/6/2011. (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.)

KEITH JOHNSON
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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