## #111000030887

(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<del></del>
t	
(Business Entity Name)	
·	
(Document Number)	
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	
CORRECTIONS PER CONVERSATION	$\lor$
WITH STEVE SMITH 3/14/2011	l
K3	

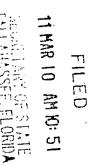
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FILING CANCELLED RETURNED CHECK



K. SALY EXAMINER MAR 1 4 2011



March 3, 2011

STEVE SMITH 5300 45TH, SUITE C WEST PALM BEACH, FL 33407

SUBJECT: ASAP LOCKOUT LLC Ref. Number: W11000012349

We have received your document for ASAP LOCKOUT LLC 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6870.

Letter Number: 711A00005321

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A. S. A. P. JOCKOVI 220.  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:
SWITH STEVE Name of Person
A.S.A.P JOCKOUT
Firm/Company
5300 45Th SVITE C
West Poly Beach FC 33407
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVE SMITH at (S(01)) 290 53 32  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Mailing Address  Registration Section  Division of Corporations  Clifton Building  2661 Evecutive Center Circle

Tallahassee, FL 32301

## FILING CANCELLED RETURNED CHECK

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(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:	Mailing Address:	
5300 4Th SUITE C West Palm Broch FC 33402	5300 45 Th SU'TE ( West Pollon Beach	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
The name and the Florida street address of the	e registered agent are:	
SIEVE S		
5300 - 45th Florida street a	SUITE (address (P.O. Box NOT acceptable)	
West Colm B	odal 37407	

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..

City, State, and Zip

Registered 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:
MGR	5307 Helene Place west Palm Beach Fl. 33407 Sames Anostin
MGRM	STEVE SMITH. 5300 45 th SUITE C W. PALM BEACH, FL 33407
*	
<del></del>	
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL)  be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
	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)