L/10000 37037

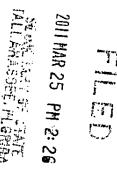
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAR 2 8 2010
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	ISLAND BOO	KKEEPING, LLC	
SOBSECT:		d Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Deborah Fre	derick	
	. 1	Name of Person	
		Firm/Company	
	P.O. Box 1004		22
		Address	
	Sanibel, FL 33	957	HAR 2
	·	State and Zip Code	
	df33957@gmail.	.COM r future annual report notification)	men TK
For further information	on concerning this matter, please		29: 28
Deborah Fre		at (
Nam	ne of Person	Area Code & Daytime Tele	ephone 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 O	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	ÆI-	Name:
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The name of the Limited Liability Company is:

ISLAND BOOKKEEPING, 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 Ad	<u>ldress:</u>	<u>M</u>	ailing Address:			
828 Rabbit Road			P.O. Box 1004			
Sanibel, FL 33957			Sanibel, FL 33957	el, FL 33957		
		<u> </u>		To her	20	
ARTICLE III - Req (The Limited Liability Con business entity with an ac	npany cannot serve tive Florida registra	as its own Registered attion.)	Agent. You must designat	Agent's Signat e an individual or an	other Other	
The name and the Fl	orida street ad	dress of the regis	tered agent are:	- er	PH	
	Deborah F	rederick		F ON	No.	
_		Name		- विले	26	
	828 Rab	bit Road				
_	F	orida street address	(P.O. Box NOT accept	able)		
	Sanibel	FL	33957			
_		City, State, a	· · · · · · · · · · · · · · · · · · ·	_		

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 (REOUIRED)

(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:

MGRM	Deborah Frederick P.O. Box 1004	
	Sanibel, FL 33957	
	·	
		景
		25
	-	
I laa attaahmant :		
Use attachment i	ecessary)	
EV: Effective d	e, if other than the date of filing: , the date must be specific and cannot be more than	(OPTIONA
days after the da		live business day

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.)

Deborah Frederick

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)