

L11000055071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

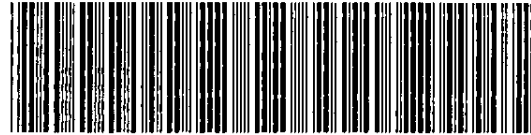
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/11--01026--023 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -9 PM 11:59

FILED

C. LEWIS
MAY 10 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORTACORDS, 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:

Carol Allison

Name of Person

Carol Allison Document Service

Firm/Company

2650 Baywood Drive

Address

Titusville, Fl. 32780

City/State and Zip Code

chrome480v@gmail.com

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

For further information concerning this matter, please call:

Carol Allison

Name of Person

at (321) 480-9789

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

FILED
2011 MAY - 9 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name of Limited Liability Company is:

PORTACORDS, LLC.

ARTICLE II

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

Principal Office Address:

595 S. Carpenter Road
Titusville, Fl. 32796

Mailing Address:

595 S. Carpenter Road
Titusville, Fl. 32796

ARTICLE III

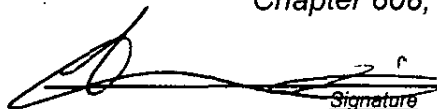
Registered Agent, Registered Office, & Registered Agent's Signature:

(You must designate an individual or another business with an active Florida registration)

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

Arturo Nieto
595 S. Carpenter Road
Titusville, Fl. 32796

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 heereby 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.


Signature

5/5/11

ARTICLE IV

Manager or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"MGRM"=Managing Member	
<u>MGRM</u>	<u>Arturo Nieto</u> <u>595 S. Carpenter Road</u> <u>Titusville, Fl. 32796</u>


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TALLAHASSEE, FLORIDA

ARTICLE V (Optional)

Effective date, if other than the date of filing: _____

(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:

 5/5/11

Arturo Nieto

(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.)