

L11000055265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

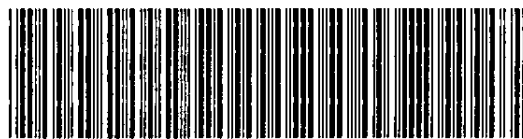
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900207292339

05/09/11--01046--020 **138.00

FILED

11 MAY -9 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity FIRST INVESTMENTS
Name of Limited Liability Company LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Integrity ⁵⁰ Sylvia D. Dumaine
Name of Person SYLVIA D. DUMAINE
Integrity FIRST INVESTMENTS
Firm/Company LLC.
11716 W. Fig TREE LN.
Address
CRYSTAL RIVER, FL. 34428
City/State and Zip Code
twelve 214 @ Hot Mail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia D. Dumaine 352- 795 0088
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

FILED
MAY -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY - 9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRITY FIRST INVESTMENTS
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:

Mailing Address:

11716 W. Fig 11716 W. Fig TREE
TREE LN. LN.
CRYSTAL RIVER CRYSTAL RIVER
FL. FL. 34428 34428

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:

Sylvia Bell Dumaine
Name
11716 W. Fig TREE LN
Florida street address (P.O. Box NOT acceptable)
CRYSTAL RIVER FLORIDA
City, State, and Zip 34428

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..

Sylvia Bell Dumaine
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

FILED
11 MAY -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Sylvia DELL DUMAINE
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)