

11000055281

(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

EFFECTIVE DATE 5/5/11



200207297842

05/09/11--01032--016 \*\*130.00

FILED  
11 MAY - 9 PM 3:41

SUBMITTED BY STATE  
OF FLORIDA  
ALLAHASSEE, FLORIDA

D. BRUCE  
MAY 10 2011  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Flotonix**

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:

John C. Floden

Name of Person

Flotonix

Firm/Company

621 La Plaza Avenue

Address

St. Petersburg, FL 33707

City/State and Zip Code

jfloden@gmail.com

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

For further information concerning this matter, please call:

John C. Floden

at (727) 537-6723

Name of Person

Area Code & Daytime Telephone Number

11 MAY - 9 PM 3:41  
SACRAMENTO, CA STATE  
TALLAHASSEE, FLORIDA

FILED

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Flotonix, LCC**

(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:**

621 La Plaza Avenue  
St. Petersburg, FL  
33707

**Mailing Address:**

621 La Plaza Avenue  
St. Petersburg, FL  
33707

### 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:

John C. Floden

Name

621 La Plaza Avenue

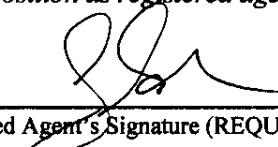
Florida street address (P.O. Box NOT acceptable)

St. Petersburg FL 33707

City, State, and Zip

11 MAY - 9 PM 3:41  
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FLORIDA AGENT OF STATE  
PETERSBURG, FLORIDA  
**FILED**

*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)

Page 1 of 2

EFFECTIVE DATE 5/5/11

**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

John C. Floden

621 La Plaza Avenue

St. Petersburg, FL 33707

MGRM

Linaea M. Floden

621 La Plaza Avenue

St. Petersburg, FL 33707

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: May 05, 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.)

John C. Floden

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)**

1  
MAY - 9 PM '11  
FLORIDA  
STATE  
AGENCY  
FILED