

L110000084067

JACK A HINKEL
(Requestor's Name)

10842 SW CANDEWOOD RD
(Address)

PORT SAINT LUCIE
(Address)

PORT SAINT LUCIE FL 34987
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

~~THE PPC "ABC"~~
(Business Entity Name)

300209660703
REF NUMBER W11000036707
(Document Number)

Certified Copies ☒ Certificates of Status _____

Special Instructions to Filing Officer:

HAS ALREADY BEEN
PAID FOR

Office Use Only



300209660703

07/11/11--01023--016 **155.00

FILED
2011 JUL 21 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 21 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE PORTABLE PROPANE CADDY " 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:

JACK A HINKEL

Name of Person

THE PORTABLE PROPANE CADDY

Firm/Company

10842 SW. CANDELWOOD RD.

Address

PORT SAINT LUCIE, FLORIDA 34987

City/State and Zip Code

jackhinkel@aol.com

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

For further information concerning this matter, please call:

JACK A HINKEL

Name of Person

at (**772**)

345-0345

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

2011 JUL 21 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE PORTABLE PROPANE CADDY " 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:

10842 SW. CANDELWOOD RD.

PORT SAINT LUCIE,

FLORIDA 34987

Mailing Address:

10842 SW. CANDELWOOD RD.

PORT SAINT LUCIE,

FLORIDA 34987

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:

JACK A. HINKEL

Name

10842 SW. CANDELWOOD RD.

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

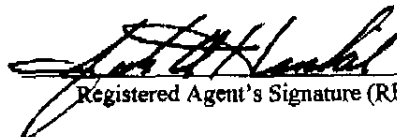
PORT SAINT LUCIE, FL 34987

City, State, and Zip

2011 JUL 21 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, 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)

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

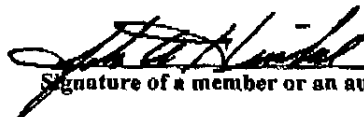
Name and Address:"MGR"JACK A HINKEL10842 SW. CANDELWOOD RD.PORT SAINT LUCIE, FLORIDA 34987"MGRM"GENEVIEVE K HINKEL10842 SW. CANDELWOOD RD.PORT SAINT LUCIE, FLORIDA 349872011 JUL 21 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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.)

JACK A HINKEL

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)**