

L11000088992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

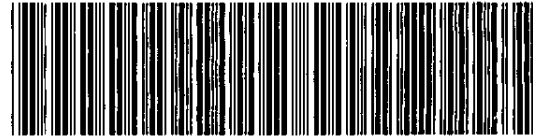
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700210223097

08/02/11--01021--016 \*\*125.00

FILED  
2011 AUG -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 8 2011

**LAW OFFICES OF  
CURTIS & ASSOCIATES, P.A.**

**ATTORNEYS AT LAW  
701 MARKET STREET, UNIT 109  
SAINT AUGUSTINE, FLORIDA 32095**

**BILLCURTIS@CURTISFIRM.COM**

**C. WILLIAM CURTIS, III  
JAIME COUNCIL  
ROSE SHABO ALBERRE  
TARIK BATEH, OF COUNSEL**

**PHONE: (904) 819-6959  
FAX: (904) 819-6936**

July 29, 2011

*Via Federal Express: 7950 2654 1448*

Division of Corporations  
2661 W. Executive Center Circle  
Clifton Bldg.  
Tallahassee, FL 32301

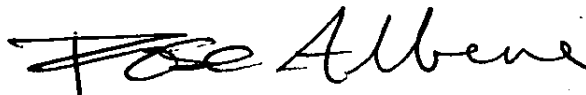
RE: Articles of Organization – MyASL LLC, a Florida limited liability company

To Whom It May Concern:

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

Please call if you have any questions or concerns.

Sincerely,



Rose Shabo Alberre

**FILED**  
**2811 AUG -2 PM 1:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

RSA/ra

**Articles of Organization of  
MyASL LLC, a Florida limited liability company**

The undersigned, acting as authorized representative of a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (the "Act"), files the following articles of organization for such limited liability company in accordance with Section 608.407 of the Act.

**Article I. Name**

- 1.0 The name of the Limited Liability Company is MyASL LLC.

**Article II. Duration**

- 2.0 The period of the company's duration is perpetual.

**Article III. Purposes**

- 3.01. The Limited Liability Company has the powers provided for a limited liability company under the Act.
- 3.02. The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the Act.

**Article IV. Principal Place of Business and Mailing Address**

- 4.01 The address of the company's principal place of business in this state is: 721 Segovia Road, St. Augustine, FL 32086.
- 4.02 The company's mailing address is: 721 Segovia Road, St. Augustine, FL 32086.

**Article V. Name and Address of Initial Registered Agent**

- 5.01. The company's initial Registered Agent is: Law Offices of Curtis & Associates, P.A.
- 5.02. The address of the company's initial Registered Office is: 701 Market Street, Unit 109, St. Augustine, Florida 32095.

**FILED**  
2011 AUG -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article VI. Management**

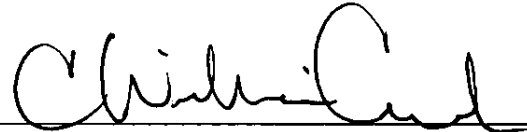
6.01 The company shall be managed by its Managers in the manner provided in the company's operating agreement. The initial Managers of the Company are:

Christie N. Murphy, 721 Segovia Road, St. Augustine, FL 32086  
John J. Whiteley, 721 Segovia Road, St. Augustine, FL 32086

## **Article VII. Authorized Representative as Organizer**

The name and address of the Company's authorized representative who is authorized to file these articles on behalf of the Company and respond to all inquiries related to these articles is C. William Curtis III, 701 Market Street, Unit 109, St. Augustine, Florida 32095.

IN WITNESS WHEREOF, I have hereunto set my hand on July 29, 2011.



**C. William Curtis III, Authorized Representative**

**FILED**  
2011 AUG -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**


Under the provisions of F.S. 608.439, **MyASL LLC**, a Florida limited liability company organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the company is: **MyASL LLC**
2. The name and address of the registered agent and office is:

**Law Offices of Curtis & Associates, P.A.  
701 Market Street, Suite 109  
St. Augustine, FL 32095**

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 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.

LAW OFFICES OF CURTIS & ASSOCIATES, P.A.

By:   
C. William Curtis III, President

Dated: July 29, 2011

**FILED**  
2011 AUG -2 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA