# L100009aa58

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11 AUG TO AM # 25
SLORETARY OF STATE
ALLAHASSEF FLORIDA

D. BRUCE

AUG 11 2011

EXAMINER

# **COVER LETTER**

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TO		on Section f Corporations			
SUB	JECT: <u>(</u>	arity Consumer Name of Limit	Electronics ted Liability Company	LLC	
The e	enclosed Articl	es of Organization and fee(s) are	submitted for filing.		
Pleas	se return all cor	respondence concerning this mat	ter to the following:		
	- B - I	Lee R	Greene Name of Person		
			Name of Person		
	·	<del> </del>	Firm/Company		
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For f	urther informat	tion concerning this matter, pleas	e call:	E P SE	77
	Lee P	2 - (—Nesse ame of Person	at ( 561 ) 301 - 7 Area Code & Daytime Telep	27 8 0 STATE Annual Number A	
Encl	osed is a chec	k for the following amount:			
<b>⊠</b> \$125.0	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 Ci Tallahassee, FL 32301	rcle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

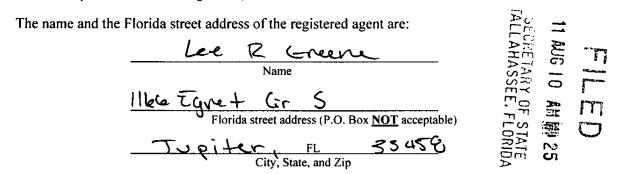
Clanty Consumer Electronics LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
Male Egret Cits	1166 Early Cir S
Male Egret Cit S Jupiter, FC 33458	1166 Egral (ir S Jupiter, FL 33458)

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.)



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..

Regulared Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man	ger naging Member	Name and Address:
MGRM		Lee P Greene 1166 Tyret ar S Jupiter FL 354FB
	_	
<del></del>	<del></del>	<del></del>
(Use attachment	if necessary)	
LE V: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.)	date of filing: (OPTIO) e specific and cannot be more than five business of
LE V: Effective of fective date is list	date, if other than the ted, the date must be ate of filing.)	

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)