

L11000095522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

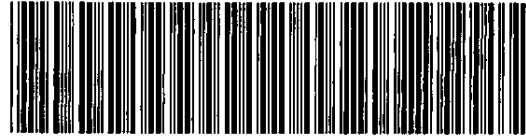
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 19 2011

**EXAMINER**

Office Use Only



500211093975

08/17/11--01005--027 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 17 AM 10:37

**FILED**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Think-it-c-it, Print-it, 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:

Adele Matthews

Name of Person

owner of the above company

Firm/Company

3520 8th Ave. N.

Address

St. Petersburg, FL 33713

City/State and Zip Code

AUPDOME@yahoo.com

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

For further information concerning this matter, please call:

Adele Matthews

Name of Person

at ( 727 ) 480-5713

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Think-it, C-it, Print-it, 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:

3520 8th Ave N  
St. Petersburg, FL 33713  
(St. Petersburg, FL)

Mailing Address:

Same as principal office  
(Same as principal office)

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:

Rex Golden, Esq.

Name

710 9th Ave N., Suite 308

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

St. Petersburg, FL FL 33702

City, State, and Zip

*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..*

Rex Golden

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
11 AUG 17 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

(will act as  
manager + managing member)

Adele U. Matthews

~~3520~~ 3520 8th Ave N.  
St. Petersburg, FL 33713

(Adele V. Matthews  
3520 8th Avenue N.  
St. Petersburg, FL 33713

(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:**

x Adele Ursula Matthews  
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.)

Adele Ursula Matthews  
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)