

L12000021787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

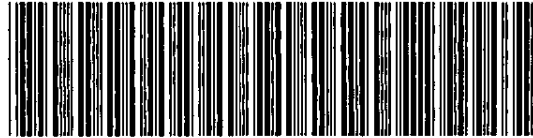
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500221676005

02/14/12--01003--031 **125.00

FILED
12 FEB 13 PM 2:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AOUN ENTERPRISES, 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:

MAROUN AOUN

Name of Person

Firm/Company

31834 VINE ST

Address

SORRENTO, FL 32776

City/State and Zip Code

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

For further information concerning this matter, please call:

MAROUN AOUN

Name of Person

at (352) 408-1474

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

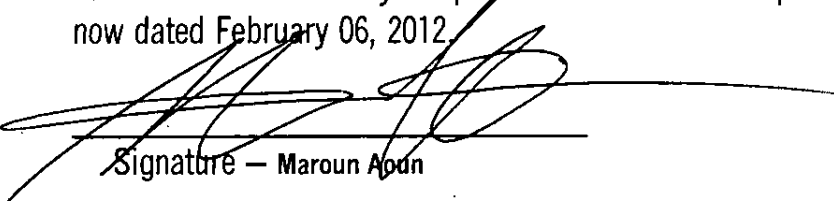
FILED
12 FEB 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Affidavit to Release Corporation name for New Articles of Incorporation

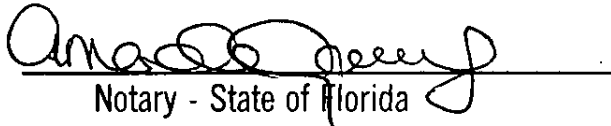
STATE OF FLORIDA

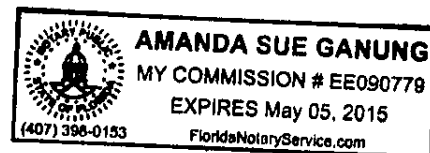
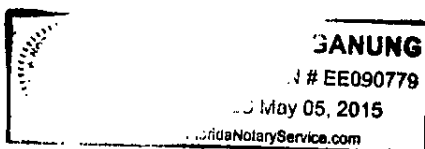
COUNTY OF LAKE

1. Introduction. Maroun Aoun, being duly sworn, deposes and says:
2. Description of Deponent. I am the President/Director/Incorporator of Aoun Enterprises, Inc., a corporation organized and existing under the laws of Florida and qualified to do business under the laws of Florida, with its principal offices at: 31834 Vine St Sorrento, FL 32776. I make this affidavit solely as an agent of the above referenced corporation and in no other capacity.
3. Revoking Privilege and Release of Name. I do now hereby revoke any former use of corporate name and do now transfer the corporate name: Aoun Enterprises, Inc. to be filed and used with the new articles of incorporation now dated February 06, 2012 having full right, power, and authority to transfer such name.
4. Inducement. This affidavit is made for the specific purpose of transferring the corporate name as stated from any/all previous articles of incorporation dated prior to the new articles now dated February 06, 2012.


Signature — Maroun Aoun

Be it known that on the 06th day of February, 2012 before me appeared Maroun Aoun who is personally known to me.


Notary - State of Florida



FILED
12 FEB 13 PM 2:35
NOTARY PUBLIC
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AOUN ENTERPRISES, 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:

31834 VINE ST
SORRENTO, FL 32776

Mailing Address:

PO BOX 1025
SORRENTO, FL 32776

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:

MAROUN AOUN

Name

31834 VINE ST

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

SORRENTO

FL 32776

City, State, and Zip

FILED
12 FEB 13 PM 2:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MAROUN AOUN

31834 VINE ST

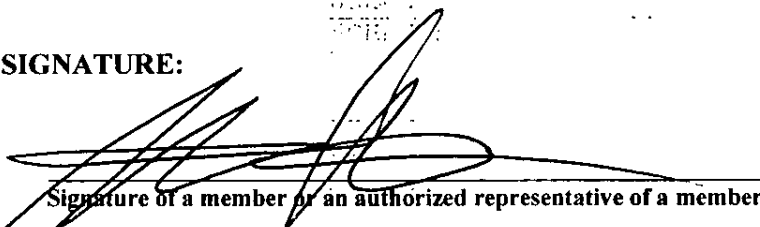
SORRENTO, FL 32776

(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.)

MAROUN AOUN

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)

FILED
12 FEB 13 PM 2:35
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA