

L12000026373

(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:

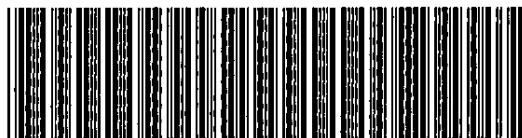
W12-5091

Office Use Only

B. KOHR

FEB 23 2012

EXAMINER



200219088662

01/25/12--01012--029 **125.00

EFFECTIVE DATE

1/25/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 4: 21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2012

CRAIG FRIEL
300 S. FLORIDA AVENUE, #600B
TARPON SPRINGS, FL 34689

SUBJECT: FRIEL TECHNOLOGY LLC
Ref. Number: W12000005091

EFFECTIVE DATE

1/23/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 4:21

7 We have received your document for FRIEL TECHNOLOGY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00002405

COVER LETTER

TO: **Registration Section ,
Division of Corporations**

EFFECTIVE DATE 1/23/2012

SUBJECT: Friel Technology 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:

Craig Friel

Name of Person

Friel Technology LLC

Firm/Company

300 S. Florida Ave, #600B

Address

Tarpon Springs, FL 34689

City/State and Zip Code

cfriel825@aol.com

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

For further information concerning this matter, please call:

Craig Friel

Name of Person

at (727) 453-8708

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

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EFFECTIVE DATE 1/23/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Friel Technology LLC

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

FILED
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DIVISION OF CORPORATIONS
12 JAN 25 PM 4:21

ARTICLE II - Address:

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

Principal Office Address:

300 S. Florida Ave
#600B
Tarpon Springs, FL 34689

Mailing Address:

300 S. Florida Ave
#600B
Tarpon Springs, FL 34689

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

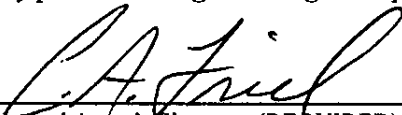
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Craig Friel
Name

300 S. Florida Ave. #600B
Florida street address (P.O. Box **NOT** acceptable)
Tarpon Springs FL 34689
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..


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

Craig Friel

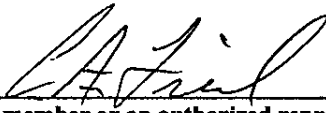
300 S. Florida Ave #600B

Tarpon Springs, FL 34689

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 23, 2012. (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.)

Craig Friel

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)