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T. CLINE

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EXAMINER

HICINBOTHAM, BRIGHAM & LAMOUNTAIN
COUNSELLORS AT LAW
PROFESSIONAL ASSOCIATION INCLUDING INDEPENDENT PRACTITIONERS+
40 SPEEN STREET, SUITE 206
FRAMINGHAM, MASSACHUSETTS 01701
TELEPHONE (508) 628-3500 Ext 202
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* ATTORNEYS IN THIS OFFICE INCLUDE
INDEPENDENT PRACTITIONERS WHO
ARE NOT RESPONSIBLE FOR THE
PRACTICE OR THE LIABILITY OF
OTHER ATTORNEYS IN THE OFFICE.

PAUL L. BRIGHAM
EMAIL: PBRIGHAM@PARKSTASSOC.COM

February 17, 2012

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: EXECUTIVE PERSPECTIVES, LLC

Dear Sir/Madam:

Enclosed please find the following for filing:

1. Cover Letter
2. Articles of Organization for Florida LLC for Executive Perspectives, LLC
3. Check #7118 in the amount of \$125 for the filing fee

Please file at your earliest convenience. Should you have any questions or concerns, please feel free to contact me.

Very truly yours,

Paul L. Brigham, Esquire

enclosures
cc: John Wells

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Executive Perspectives, 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:

Paul L. Brigham, Esquire / Linette W. LaMountain, Esquire
Name of Person

Hicinbothem, Brigham & LaMountain
Firm/Company

40 Speen Street, Suite 206
Address

Framingham, MA 01701
City/State and Zip Code

JWells@epims.com
E-mail address: (to be used for future annual report-notification)

For further information concerning this matter, please call:

Linette W. LaMountain, Esquire at (508) 628-3500
Name of Person 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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Executive Perspectives, 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:

362 Gulf Breeze Parkway

Unit # 113

Gulf Breeze, FL 32561

Mailing Address:

same

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:

John Wells

Name

362 Gulf Breeze Parkway #113

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

Gulf Breeze FL 32561

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..

X John P. Wells

Registered Agent's Signature (REQUIRED)

John Wells

(CONTINUED)

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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

John P. Wells

362 Gulf Breeze Parkway, Unit # 113

Gulf Breeze, FL 32561

MGR

John Thomas

28 Woolworth Street

Longmeadow, MA 01116

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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.)

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TALLAHASSEE, FL 32304

REQUIRED SIGNATURE:

X John P. Wells

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.)

John P. Wells

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)