

L12000039614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

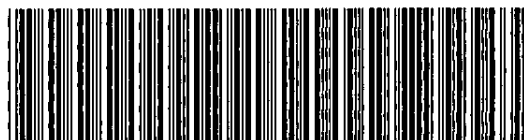
Special Instructions to Filing Officer:

A. LUNT

MAR 21 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR 20 PM 2:29

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Autismwall
Name of Limited Liability Company

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2012 MAR 20 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHANTEL J MORIN
Name of Person

Autismwall
Firm/Company

5750 S.W. 127 Avenue, Southwest Ranches, 33330
Address

Southwest Ranches, 33330, FL.
City/State and Zip Code

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

For further information concerning this matter, please call:

CHANTEL J MORIN at (954) 816-2760
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

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

MGR

Name and Address:

Chantel T. Morin
5750 S.W. 127 Avenue
Southwest Baches
33330, Florida

2012 MAR 20 PM 2:29
CLERK OF COURT
ALACHUA COUNTY
FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/19/2012 (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]
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.)

CHANTEL T MORIN
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)