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STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 3 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOYETTE RENTALS OF HIGHLANDS COUNTY 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:

Sherry W. Goyette and Steven F. Goyette, Co-Trustees of the  
Name of Person

Goyette Family Revocable Living Trust Dated March 16, 2012  
Firm/Company

19301 Green Grove Ct.

Address

Loxahatchee, FL 33470

City/State and Zip Code

goyetteexotics@yahoo.com

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

For further information concerning this matter, please call:

Sherry W. Goyette

Name of Person

at ( 561 ) 662-7172

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  
CLERK OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**GOYETTE RENTALS OF HIGHLANDS COUNTY 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:

19301 GREEN GROVE CT.  
LOXAHATCHEE, FL 33470

### Mailing Address:

19301 GREEN GROVE CT.  
LOXAHATCHEE, FL 33470

## 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:

SHERRY W. GOYETTE

Name

19301 GREEN GROVE CT.

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

LOXAHATCHEE, FL FL 33470

City, State, and Zip

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STATE OF FLORIDA  
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:**

MGRM

Steven F. Goyette and Sherry W. Goyette, Co-Trustees  
of the Goyette Family Revocable Living Trust dated  
March 16, 2012


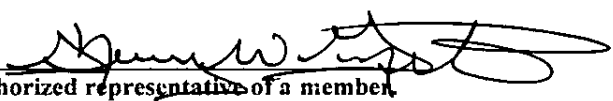
19301 Green Grove Ct.

Loxahatchee, FL 33470

(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.)

**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.)

**Steven F. Goyette**

Typed or printed name of signer

**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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2012

SHERRY W. GOYETTE  
19301 GREEN GROVE COURT  
LOXAHATCHEE, FL 33470

SUBJECT: GOYETTE RENTALS OF HIGHLANDS COUNTY LLC  
Ref. Number: W12000017245

We have received your document for GOYETTE RENTALS OF HIGHLANDS COUNTY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 26, 2012. Please amend your document accordingly.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 712A00010324