

L12000065966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

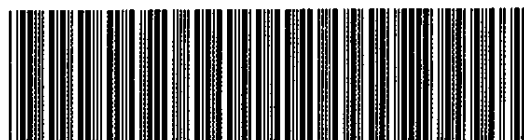
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/07/12--01013--017 **160.00

FILED
12 MAY -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 16 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

SHAYNA M. BECHTEL, ESQ.
LAW OFFICES OF SHAYNA M. BECHTEL, PL
3731 NE PINEAPPLE AVE SUITE A
JENSEN BEACH, FL 34957

SUBJECT: SESTA & ASSOCIATES, LLC
Ref. Number: W12000025565

We have received your document for SESTA & ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00013809

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sesta & Associates, 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:

Shayna M. Bechtel, Esq.

Name of Person

Law Offices of Shayna M. Bechtel, PL

Firm/Company

3731 NE Pineapple Avenue, Suite A

Address

Jensen Beach, Florida 34957

City/State and Zip Code

smbechtel@smblawoffices.com

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

For further information concerning this matter, please call:

Shayna M. Bechtel

Name of Person

at (772) 225-5830

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sesta & Associates, 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:

2531 SW Chestnut Lane
Port Saint Lucie, Florida 34953

Mailing Address:

2531 SW Chestnut Lane
Port Saint Lucie, Florida 34953

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:

Shayna M. Bechtel

Name

3731 NE Pineapple Avenue, Suite A

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

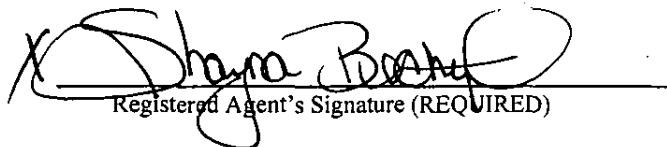
Jensen Beach

FL 34957

City, State, and Zip

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SECRETARY 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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: **12 MAY -7 AM 10: 27**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Andrew C. Sesta

2513 SW Chestnut Lane

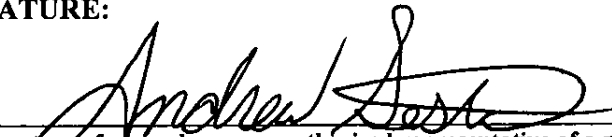
Port Saint Lucie, Florida 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/03/2012. (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.)

Andrew C. Sesta

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)