

# L12000085057

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

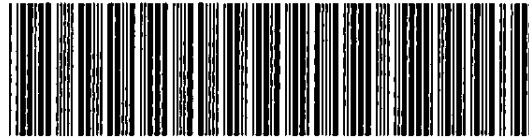
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300236772523

06/25/12--01037--012 \*\*130.00

EFFECTIVE DATE  
*6/20/12*

FILED  
12 JUN 25 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

JUN 28 2012

**STANLEY TOWNSEND**  
**ATTORNEY AND COUNSELOR AT LAW**

P.O. Box 530383  
Debary, Florida 32753-0383

Florida Bar No. 0816701  
Telephone: 407-314-6364  
Fax: 386-753-0916

[stownsendsq@bellsouth.net](mailto:stownsendsq@bellsouth.net)

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June 18, 2012

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

Dear Registration Section:

Re: **PAT'S PLACE HAND MADE PRODUCTS, LLC**

Enclosed are the Articles of Organization and a check for one hundred and thirty dollars (\$130.00) for the initial filing of this LLC and a Certificate of Status.

Please return all correspondence to:

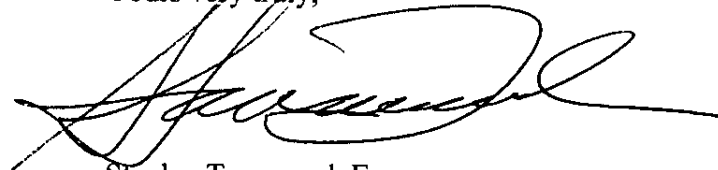
RALPH L. MALONE  
PAT'S PLACE HAND MADE PRODUCTS, LLC  
2000 N. VOLUSIA AVENUE # B - 1  
ORANGE CITY, FL 32763

The e-mail address to be used for annual report notification is:

[Malone24@cfl.rr.com](mailto:Malone24@cfl.rr.com).

For further information concerning this matter, please call the above listed attorney or Ralph L. (Larry) Malone at 386-774-4415.

Yours very truly,

  
Stanley Townsend, Esq.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**PAT'S PLACE HAND MADE PRODUCTS, 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:

2000 N. VOLUSIA AVENUE # B-1  
ORANGE CITY, FL 32763

### 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:

**RALPH L. (LARRY) MALONE**

Name

**2000 N. VOLUSIA AVENUE # B-1**

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

**ORANGE CITY FL 32763**

City, State, and Zip

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*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

PATRICIA G. MALONE

2000 N. VOLUISA AVENUE # B-1

ORANGE CITY, FL 32763

MGRM

RALPH L. (LARRY) MALONE

2000 N. VOLUSIA AVENUE # B-1

ORANGE CITY, FL 32763

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 20, 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.)

RALPH L. (LARRY) MALONE

Typed or printed name of signee

FILED  
12 JUN 25 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**