

L12000092775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

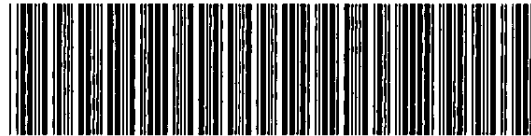
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/22/12--01012--028 **100.00

07/18/12--01003--001 **30.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 18 AM 9:20

FILED

J. BRYAN

JUL 18 2012

EXAMINER

712A-19042

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Safety & Health Educators L.L.C.
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:

David Aronow
Name of Person

Florida Safety & Health Educators LLC
Firm/Company

1270 N. Wickham Rd. #16-521
Address

Melbourne, Florida 32935
City/State and Zip Code

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

For further information concerning this matter, please call:

David Aronow at (321) 508-7815
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

FILED
JUL 18 AM 9:20
TALLAHASSEE, FLORIDA

July 12, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
JUL 18 AM 9:20
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Subject Florida Safety & Health Educators, LLC

Dear Joey Bryan,

I have received your letter number 212A00017381 and ask that you abandon the previous request for reinstatement of Florida Safety & Health Educators, LLC.

Instead attached is an application for a new LLC with the same name.

I David M. Aronow as owner of the closed Florida Safety & Health Educators, LLC business do give myself permission to use the same name to open a "new" company. I want the new company's name to be Florida Safety & Health Educators, LLC.

Please apply the previous money sent and the enclosed money to cover the cost of the new company. Enclosed is an additional \$25.00 to complete the transaction in full for the new company.

If you have any questions or more information is needed please do not hesitate to contact me at 321-508-7815.

Respectfully,



David M. Aronow

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Safety & Health Educators L.L.C

(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:

1270 N. Wickham Road
#16-521
Melbourne FL 32935

Mailing Address:

1270 N. Wickham Road
#16-521
Melbourne FL 32935

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:

David M. Aronow
Name

1270 N. Wickham Road, #16-521
Florida street address (P.O. Box NOT acceptable)

Melbourne FL 32935
City, State, and Zip

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JUL 18 AM 9:20
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..

David M. Aronow
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:

MGR

David Aronow
1270 N Wickham Rd #16-521
Melbourne, FL 32935

(Use attachment if necessary)

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JUL 18 PM 9:20
STATE OF FLORIDA
DEPARTMENT OF STATE

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

David M. Aronow
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)