

L12000098995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

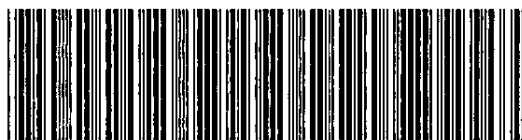
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## BACH & JACOBS, P.A.

240 Pineapple Avenue, Suite 700  
Sarasota, FL 34236  
Phone: 941-906-1231  
Fax: 941-954-1185  
www.bachjacobs.com

July 25, 2012

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 323314

Re: Pam Polowski, LLC

Dear Sir or Madam:

Enclosed please find original and one copy of the Cover Letter and Articles of Organization for Florida Limited Liability Company for Pam Polowski, LLC. Also enclosed is check #6245 in the amount of \$125.00 payable to Division of Corporation for the filing fee.

Please file the Articles and stamp the copy of the Articles and return the copy to my office as soon as possible in the self addressed stamped envelope enclosed for your convenience.

If you have any questions or require any additional information or documentation, please do not hesitate to contact me.

Sincerely,

Fredric C. Jacobs

FCJ:lk  
Enclosures

cc: Pam Polowski, w/copy of enclosures, via email

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pam Polowski, 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:

Fredric C. Jacobs, Esq.

Name of Person

Bach & Jacobs, PA

Firm/Company

240 Pineapple Avenue, Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

fred@sarasotaelderlaw.com

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

For further information concerning this matter, please call:

Fredric C. Jacobs, Esq.

Name of Person

at ( 941 ) 906-1231

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:

Pam Polowski, 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:

1062 Calgary Road  
North Port, FL 34288

#### Mailing Address:

1062 Calgary Road  
North Port, FL 34288

### 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:

Pam Polowski

Name

1062 Calgary Road

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

North Port

FL 34288

City, State, and Zip

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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..*

*Pamela Polowski*

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

MGRM

**Name and Address:**

Pam Polowski  
1062 Calgary Road  
North Port, FL 34288

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(Use attachment if necessary)

**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.)

Pam Polowski

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)**