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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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B. KOHR

OCT 8 2012

EXAMINER



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FILED
12 OCT -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Onward, LLC, a Florida Limited Liability Company
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:

Lynette MacLeod

Name of Person

Swan Trust

Firm/Company

705 Harbour Drive

Address

Vero Beach, FL 32963

City/State and Zip Code

lynette.macleod@hotmail.com

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

For further information concerning this matter, please call:

Lynette MacLeod

Name of Person

at (772)

Area Code & Daytime Telephone Number

231-9626

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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SECRETARY OF STATE

Kohr, William "Buck"

From: Lynette MacLeod <lynette.macleod@hotmail.com>
Sent: Wednesday, October 03, 2012 6:05 PM
To: Kohr, William "Buck"
Subject: re Onward

Hello Mr. Kohr,

Re: Onward LLC
Ref Number W12000037740

When we chatted last, you suggested I fax or mail you about a name change for the above. I tried to fax but it didn't go through so I hope you will receive this.

Here's the new name: EAMES VENTURES LLC

I checked SunBiz and there wasn't anything especially close to it so I hope that it will work. Thanks so much for your help on this. I look forward to getting the new entity launched.

Best regards,

Lynette MacLeod
Swan Trust
705 Harbour Drive
Vero Beach, Fl. 32963
tel 772 231-9626

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAMES VENTURES LLC

(Must end with the words "Limited Liability Company" or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

705 Harbour Drive

Vero Beach, FL 32963

Mailing Address:

705 Harbour Drive

Vero Beach, FL 32963

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:

Lynette MacLeod

Name

705 Harbour Drive, Vero Beach, FL 32963

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

FL

City, State, and Zip

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)

12 OCT -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____

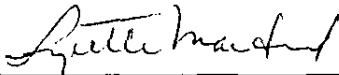
Lynette MacLeod
705 Harbour Drive
Vero Beach, FL 32963

(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.)

Lynette MacLeod

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)