

L12000130902

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10/12/12--01007--022 **160.00

EFFECTIVE DATE 10/10/2012

FILED
12 OCT 12 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AcuStream, 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:

David Tiikkala

Name of Person

AcuStream, LLC

Firm/Company

395 San Salvador Dr

Address

Dunedin, Florida 34698

City/State and Zip Code

acustream@yahoo.com

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

For further information concerning this matter, please call:

David Tiikkala

Name of Person

at (727) 512-3619

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
12 OCT 12 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

10/10/2012

EFFECTIVE DATE 10/10/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AcuStream, 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:

395 San Salvador Dr
Dunedin, FL 34698

Mailing Address:

395 San Salvador Dr
Dunedin, FL 34698

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 Tiikkala

Name

395 San Salvador Dr

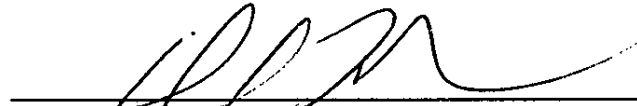
Florida street address (P.O. Box **NOT** acceptable)

Dunedin

FL 34698

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)

