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SECRETARY OF STATES
TALL MHASSES FLORIDA

J. SAULSBERRY EXAMINER

OCT 18 2012

# **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations AT  BJECT: FIEBE, LLC  Name of Limited Liability Company  e enclosed Articles of Organization and fee(s) are submitted for filing.  Base return all correspondence concerning this matter to the following:  ANDREA J. FIEBE  Name of Person  Firm/Company  3525 BONITA BEACH ROAD #102  Address  BONITA SPRINGS, FL 34134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  Further information concerning this matter, please call:  NDREA FIEBE  Name of Person  Area Code & Daytime Telephone Number  closed is a check for the following amount:  5.00 Filing Fee  Certificate of Status  Mailing Address  Registration Section  Street/Courier Address  Registration Section  Street/Courier Address  Registration Section	
COBULCT:	ed Liability Company
The enclosed Articles of Organization and fee(s) are	Division of Corporations AT  SCT: FIEBE, LLC  Name of Limited Liability Company  closed Articles of Organization and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  ANDREA J. FIEBE  Name of Person  Firm/Company  3525 BONITA BEACH ROAD #102  Address  BONITA SPRINGS, FL 34134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)  The information concerning this matter, please call:  REA FIEBE  Name of Person  Area Code & Daytime Telephone Number  at (239) 287-5083  Area Code & Daytime Telephone Number  at (239) 287-5083  Area Code & Daytime Telephone Number  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address  Street/Courser Address
Please return all correspondence concerning this mate	
ANDREA J. FIEBE	
	Firm/Company
Division of Corporations AT  BJECT: FIEBE, LLC  Name of Limited Liability Company  enclosed Articles of Organization and fee(s) are submitted for filing.  asse return all correspondence concerning this matter to the following:  ANDREA J. FIEBE  Name of Person  Firm/Company  3525 BONITA BEACH ROAD #102  Address  BONITA SPRINGS, FL 34134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  Further information concerning this matter, please call:  NDREA FIEBE  Name of Person  Area Code & Daytime Telephone Number  Closed is a check for the following amount:  1.00 Filing Fee  Certificate of Status  Area Code & Daytime Telephone Number  Closed is a check for the following amount:  1.00 Filing Fee  Certificate of Status  Registration Section  Street/Courier Address Registration Section  Registration Section	
	Address SE
Division of Corporations AT  SUBJECT: FIEBE, 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:  ANDREA J. FIEBE  Name of Person  Firm/Company  3525 BONITA BEACH ROAD #102  Address  BONITA SPRINGS, FL 34134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ANDREA FIEBE  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  125.00 Filing Fee  Certificate of Status  Registration Section  Mailing Address  Registration Section  Registration Section  Street/Courier Address  Registration Section	
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	_ at (
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy
Registration Section	Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

The name of the Limited Liability Company is:

AТ

FIEBE, L.L.C.

#### ARTICLE II - ADDRESS

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

Principal Office Address: 3525 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34134 Mailing Address: 3525 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34134

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &REGISTERED AGENT'S SIGNATURE:

(The Limited Liability Company cannot serve as its own Registered Agent. You must dean individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:

ANDREA J. FIEBE 3525 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34134

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 positions as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

# ARTICLE IV - MANAGER(S) OR MANAGING MAMBER(S):

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

ANDREA J. FIEBE 3525 BONITA BEACH RD # 102 BONITA SPRINGS, FL 34134

# ARTICLE V - EFFECTIVE DATE, IF OTHER THAN 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 Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANDREA FIEBE
Typed or printed name of signee

SECRETARY OF STATE