

L12000135379

(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

G. MCLEOD

OCT 24 2012

EXAMINER



300239087983

09/07/12--01023--018 **160.00

FILED
12 OCT 22 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/20/2012

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

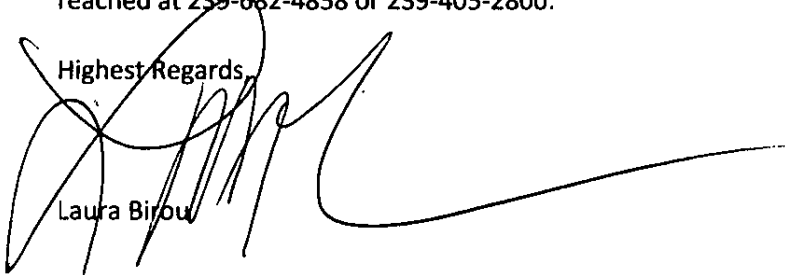
Re: Laura Birou and Associates, LLC

Dear Gina:

I submitted paperwork for Laura Birou and Associates LLC, and it was filed on September 11, 2012 (W12000046861). I began to wonder why I had not received any information or confirmation from the state, so I went online to check the status. I saw that it had been rejected, so I called the 850-245-6051 telephone number and believe I spoke with Caroline. She told me to write you and let you know that I am also the owner of Laura Birou and Associates Inc. My accountant told me that the LLC was the right structure for my new business, and not the incorporation. My intentions are to dissolve the corporation and operate under the LLC structure. I have attached the documentation for the Corporation as well as, the application for the LLC. Could you please let me know what I need to do to achieve this? I can be reached at 239-682-4858 or 239-405-2800.

Highest Regards,

Laura Birou



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Laura Birou and Associates 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:

Laura Birou

Name of Person

Laura Birou and Associates LLC

Firm/Company

8951 Bonita Beach Road, Suite 525-303

Address

Bonita Springs, Florida 34135

City/State and Zip Code

laurabirou@aol.com

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

For further information concerning this matter, please call:

Laura Birou

Name of Person

at (239) 682-4858

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:

Laura Birou and Associates, 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:

10109 Avonleigh Drive
Bonita Springs, FL
34135

Mailing Address:

8951 Bonita Beach Road
Suite 525-303
Bonita Springs, FL 34135

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:

Laura Birou

Name

10109 Avonleigh Drive

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

Bonita Springs

FL 34135

City, State, and Zip

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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..

[Signature]
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:

MGRM

Laura Birou

8951 Bonita Beach Road, Suite 525-303

Bonita Springs, FL 34135

(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.)

Laura Birou

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)**