

L12000157164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

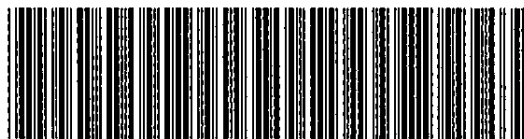
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W12-59334

J. BRYAN

DEC 17 2012

EXAMINER



**McMANUS &
ASSOCIATES**
Attorneys at Law

Incorporated as the Law Offices of John O. McManus, P.C.

New York City • New Providence

December 13, 2012

VIA UPS

State of Florida
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida, 32301

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TALLAHASSEE, FLORIDA

Re: **FAYMICA, L.L.C. previously applied for as CFM, L.L.C.**

Dear Mr. Bryan:

I have enclosed an updated application reflecting the changes you asked for in my previous application for and LLC. I have changed the name and added the registered agent clearly. Your office has already received and deposited a check for \$155.00 for the filing and registered copy, and I was told that the case would remain open for the next 60 days, so I am hoping to get this to you in the timeframe. I hope that you have all that is needed to file; please reach out to me if there is anything I can do to help.

I greatly appreciate your help in this matter and understand how busy this time of year is for your office.

Please use the enclosed express UPS envelope to send back the certified copy and any accompanying paperwork.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (908) 898-0100.

Very truly yours,

Dominic Pepper

Enclosures

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FAYMICA, L.L.C.**
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:

Dominic M Pepper

Name of Person

McManus and Associates

Firm/Company

571 Central Ave Suite 120

Address

New Providence, NJ 07974

City/State and Zip Code

dominic@mcmanuslegal.com

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

For further information concerning this matter, please call:

Dominic

at (

908

898 0100

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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**ARTICLES OF ORGANIZATION
OF
FAYMICA, L.L.C.**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is FAYMICA, L.L.C.

ARTICLE II – Address:


The mailing address and street address of the principal office of the Limited Liability Company are both: Post Office Box 924, 378 Tennessee Avenue, Crystal Beach, Florida 34681.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

Michael L. Schneider
378 Tennessee Avenue
Crystal Beach, Florida 34681

Having been named as registered and 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.


Michael L. Schneider, registered agent

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

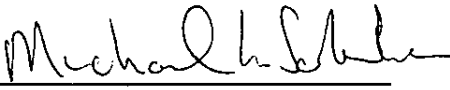
Title:

Name and Address:

MGR

Michael L. Schneider
Post Office Box 924
378 Tennessee Avenue
Crystal Beach, Florida 34681

REQUIRED SIGNATURE:


Michael L. Schneider, Manager

(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.)

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TALLAHASSEE, FLORIDA