

# L13000036295

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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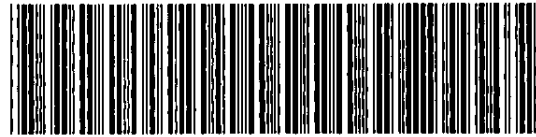
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**DATE: 3/11/13**

**NAME: PERSONAL TOUCH BUSINESS OFFICE, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*  
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(850) 245-6051.

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Personal Touch Business Office, 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:

Thomas E. Porzio

Name of Person

Law Offices of Thomas E. Porzio, LLC

Firm/Company

625 Wolcott Street, Suite 21

Address

Waterbury, Ct 06705

City/State and Zip Code

tporzio@wtbylaw.com

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

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For further information concerning this matter, please call:

Thomas E. Porzio

Name of Person

at 203 573-0019

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:

Personal Touch Business Office, 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:

625 Wolcott Street

Suite 21

Waterbury, Ct 06705

#### Mailing Address:

625 Wolcott Street

Suite 21

Waterbury, Ct 06705

**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:

Gina Porzio

Name

4010 Galt Ocean Drive, Apt. 211

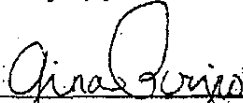
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale 33308

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)

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

"MGRM" = Managing Member

New Milford, Ct 06776

Waterbury, Ct 06708

**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.)**

Typed or printed name of signee

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