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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Port Royal Idea Lab, 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:
James S. Felton Name of Person
Port Royal Idea Lab, LLC Firm/Company
6664 Huntley Lane North
Naples/FL 34104 City/State and Zip Code
js felton @ hotmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Sullivan at 239 287-8717  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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:	
Port Royal Idea (Must end with the words "Limited I	Lab, LLC	"LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the	Limited Liability Company is
Principal Office Address:	Mailing Address:	
Port Royal Idea Lab 6664 Huntley Lane North Naples, FL 34104	Port Royal 6664 Hunt Naples, FL	Idea Lab ley Lane N. 34104
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Register Registered Agent. You must design	ed Agent's Signature: gnate an individual or another
The name and the Florida street address of t		
James. S	. Felton	
6664 Hun Florida stree	Hey Lane Not according to the state of the s	•
	In this certificate, I here in pacity. I further agree to uplete performance of my as registered agent as problems (REQUIRED)	by accept the appointment as comply with the provisions of duties, and I am familiar with
		HA H

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James S. Felton 6664 Huntley Lane North Naples, FL 34104
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL) be specific and cannot be more than five business days
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.)

Tames 5. Felton

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)