

✓
L13000142819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

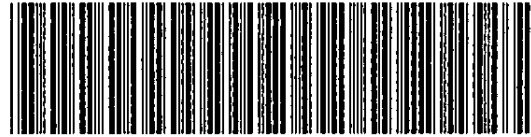
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-53455

Office Use Only



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09/24/13--01026--004 **125.00

2013 OCT -8 PM 12:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT - 9 2013
EXAMJNF:

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEB CODE APPS 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:

MANFRED EISSNER

Name of Person

WEB CODE APPS LLC

Firm/Company

2757 SW 2nd ST

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

WEBCODE APPS @ gmail.com

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

For further information concerning this matter, please call:

MANFRED EISSNER

Name of Person

at (561) 386-0214

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

2013 OCT -8 PM 12:31
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEB CODE APPS 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:

2757 SW 2nd St
DELRAY BEACH, FL 33445

Mailing Address:

2757 SW 2nd St
DELRAY BEACH, FL 33445

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:

PROJEKT GROUP, INC.

Name

2757 SW 2nd St

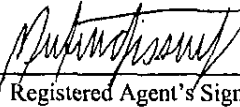
Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH, FL 33445

City, State, and Zip

2013 OCT -8 PM 12:31
TALLAHASSEE, FLORIDA

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)

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:

MGR

MANFRED EISSNER

2757 SW 2ND ST

DELLAY BEACH, FL 33445

MGR

KENNETH MILLER

4044 PARKSIDE DR.

JUPITER, FL 33458

(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.)

MANFRED EISSNER

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)**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2013

MANFRED EISSNER
2757 SW 2ND STREET
DELRAY BEACH, FL 33445

SUBJECT: WEB CODE APPS LLC
Ref. Number: W13000053455

2013 OCT -8 PM 12:00
TALLAHASSEE, FL 32314

We have received your document for WEB CODE APPS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 613A00022584