

L13 000161270

(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



000251248680

09/10/13--01005 --007 **122.50

10/28/13--01002--004 **2.50

13 NOV 15 11:11:04
TALLAHASSEE, FLORIDA

W13-50939

675



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

STEVEN J MARTIN
7942 LATOUR AVE
NORTH PORT, FL 34291

SUBJECT: AM PM WATER PURIFICATION SYSTEMS LLC
Ref. Number: W13000060096

We have received your document for AM PM WATER PURIFICATION SYSTEMS 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00025192

(850) 243-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: AM PM Water Purification Systems 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:

Steven J Martin

Name of Person

Firm/Company

7942 Latour Avenue

Address

North Port FL 34291

City/State and Zip Code

smartpaint6179@yahoo.com

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

For further information concerning this matter, please call:

Steven J Martin

Name of Person

at (**941**) **237-1514**

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:

AM PM Water Purification Systems 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:

7942 Latour Avenue

North Port FL 34291

Mailing Address:

7942 Latour Avenue

North Port FL 34291

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:

Steven J Martin

Name

7942 Latour Avenue

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

North Port FL 34291

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)

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

Steven J Martin

7942 Latour Avenue

North Port FL 34291

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/11/13 (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.)

Steven J Martin

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)