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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Cooling in America)                    |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE:
FACUAHASSEE-FLORIDA

EFFECTIVE DATE 01/01/14

DEC 3 0 2013

## **COVER LETTER**

TO: Registration Section **Division of Corporations** Eleemosynary Assistance 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: William Bro Name of Person Firm/Company PO Box 2322 Address City/State and Zip Code Pineland, FL 33945 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Bro Name of Person 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 Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited                                     | Liability Company is   | <b>:</b>  |  |
|--|--|---|--|
|  |  | •   |  |
| Eleemosynary Assistance L  | .LC  |   |  |
| (Must end w  | ith the words "Limited Liah  | oility Company, "L.L.C.," or "LLC.")  |  |
| ARTICLE II - Address:  |  |   |  |
| The mailing address and s  | street address of the p  | orincipal office of the Limited Liab  | oility Company is:   |
| Principal Office Addres  | <u>s:</u>  | Mailing Address:  |  |
| 12511 Canoe Trail  |  | PO Box 2322   | ·  |
| Bokeelia, FL 33922   |  | Pineland, FL 33945  |  |
|  |  |   |  |
|  | cannot serve as its own Regiorida registration.)  a street address of the  | ed Office, & Registered Agent's Sistered Agent. You must designate an individure registered agent are:  |  |
|  | Nam  | e   |  |
| 12511  | Canoe Trail  |   |  |
| <del></del>  | Florida street a   | ddress (P.O. Box NOT acceptable)  |  |
| Bokee  | <u> </u>   | FL 33922  |  |
|  | City, S  | State, and Zip  | C 2  |
| liability company at th<br>registered agent and ag<br>all statutes relating to t | ne place designated in<br>ree to act in this capa<br>the proper and comple | o accept service of process for the a<br>this certificate, I hereby accept the<br>acity. I further agree to comply with<br>ete performance of my duties, and I<br>registered agent as provided for in t | e appointment as the hotel the prayision in the prayision in the lamb far with |

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE 01/01/14

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

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

|  | Name and Address:  |      |
|--|--|------|
| "MGR" = Manager  |  |      |
| "MGRM" = Managing Member   |  |      |
| MGR  | William Bro  |      |
| *  | 12511 Canoe Trail  |      |
|  | Bokeelia, FL 33922   |      |
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| (Use attachment if necessary)  |  |      |
|  |  |      |
|  |  |      |
|  | he date of filing: January 1, 2014 . (OPTIONAL)  |      |
| an effective date is listed, the date mu   | ist be specific and cannot be more than five business  |      |
|  | ist be specific and cannot be more than five business  |      |
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| n effective date is listed, the date mu<br>r to or 90 days after the date of filing.)  | ist be specific and cannot be more than five business  | days |
| n effective date is listed, the date mur to or 90 days after the date of filing.)  | ust be specific and cannot be more than five business  | days |
| n effective date is listed, the date mur to or 90 days after the date of filing.)  REQUIRED SIGNATURE:   | her or an authorized representative of a member.   | days |
| n effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  | ber or an authorized representative of a member.   | days |
| n effective date is listed, the date mur to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6  | ber or an authorized representative of a member.    Os. 408(3), Florida Statutes, the execution of this documents  | days |
| ne effective date is listed, the date mur to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memical constitutes an affirmation under the constitutes and affirmation u | ber or an authorized representative of a member.  108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the  | days |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info   | ber or an authorized representative of a member.  108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are filed or mation submitted in a document to the Department of States or provided for in \$817.155 F.S.) | days |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info   | ber or an authorized representative of a member.  108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are file. Formation submitted in a document to the Department of States.                                   | days |

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)