

L140000024813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

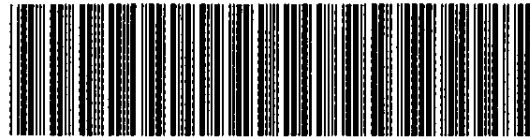
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

W14—4070

SY 2/14/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PYK - SAF 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:

Howard M. Imanuel

Name of Person

Firm/Company

7951 Gator Palm Dr.

Address

Fort Myers, Florida 33966

City/State and Zip Code

suziimanuel@comcast.net

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

For further information concerning this matter, please call:

Howard M. Imanuel

Name of Person

at (239)

Area Code

560-4445

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

FILED
14 FEB 13 4 9 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

HOWARD M IMANUEL
7951 GATOR PALM DRIVE
FT MYERS, FL 33966

SUBJECT: PYK LLC
Ref. Number: W14000004070

We have received your document for PYK LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 014A00001400

HOWARD M IMANUEL 7951 GATOR PALM DR
FT MYERS FL 33966 2139 560 4445

February 7, 2014

Att: Sheila
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

Re: PYK-SAF LLC

Dear Sheila

I have hereto filed my LLC application with a \$155.00 filing fee for an additional copy and Certified Copy and was advised by you on the telephone that my original name was not available.

Accordingly, I enclose herewith a new application with my new LLC name and would ask that you reprocess this application.

If there is any problem, would you kindly call me as this matter has ongoing since December and I never received your letter advising me that the name was not available.

Thank you for your attention, I am

Sincerely yours,



HOWARD M. IMANUEL

14 FEB 13 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PYK - SAF 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:

Mailing Address:

7951 Gator Palm Drive

Fort Myers, FL 33966

7951 Gator Palm Drive

Fort Myers, FL 33966

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:

Howard M Imanuel

Name

7951 Gator Palm Drive

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

Fort Myers

City

FL 33966

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 FEB 13 10 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Howard M Imanuel

7951 Gator Palm Dr

Ft Myers, Fl 33966

MGR

Howard M Imanuel

7951 Gator Palm Dr

Ft Myers, Fl 33966

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Howard M Imanuel

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)

FILED
14 FEB 13 7:20 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA