

L1400008765632

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H1400008765632))



H1400008765632AEC34

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

RECEIVED
14 APR 11 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
NEAT SHEET TOOL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

72990

FILED
14 APR 11 AM 10:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

APR 14 2014
J. HARRIS

414000087654

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEAT Sheet Tool 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:

RONALD L. DAVIS
Name of Person

RONALD L. DAVIS P.A.
Firm/Company

16375 N.E. 18th Ave Suite 334
Address

NORTH MIAMI BEACH, FLORIDA 35162
City/State and Zip Code

RONDAVIS PA @ G MAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD L. DAVIS at (305) 940-2352
Name of Person 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:

NEAT SHEET TOOL LLC

(Must end with the words "Limited Liability Company, "LLC," 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:

19031 NW 24th Ave

SAME AS PRINCIPAL ADDRESS

MIAMI GARDENS

FLORIDA 33056

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:

DOROTHY GOTHELF

Name

19031 N. W. 24 Ave

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

MIAMI GARDENS

FL

33056

City

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.

Dorothy Gotelf

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 APR 11 AM 10:23

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR-MGR

Dorothy Gotheif
19031 N.W. 24th Ave
MIAMI GARDENS, Florida 33056

AMBR-MGR

Edward Pollard
Apt 208 - 1904 So. Ocean Dr.
Hallandale Beach, Florida 33009

AMBR-MGR

Jade Pollard
Apt 208 - 1904 So Ocean Dr
Hallandale Beach, Florida 33056

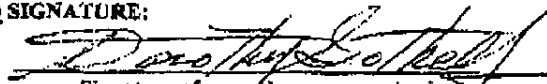
(Use attachment if necessary)

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.)

DOROTHY Gotheif
Typed or printed name of signer

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)

Page 2 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 11 AM 10:23