L14000074866

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
·		

Office Use Only



600258979476

05/02/14--01003--005 **160.00

LS (1 C) 6-77, 733

B. BOSTICK

MAY - 8 2014

EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations	ř	
SUBJI	ECT: David	Meiser Locksmith LLC	<u> </u>	
		Name of I	Limited Liability Company	
The en	closed Articles	s of Organization and fee(s)	are submitted for filing.	
Please	return all corre	espondence concerning this	matter to the following:	
	David M	leiser		
			Name of Person	
	David M	leiser Locksmith		
			Firm/Company	
	8442 Ba	amboo Road		
			Address	(\7)
	Ft Myers	s, FL 33967		,
			City/State and Zip Code	
da	avidmeiserloc	ksmith@gmail.com	10.0	. ;
		E-mail address: (to be u	sed for future annual report notific	cation) , ;
For fur	ther information	on concerning this matter, p	lease call:	्र १५४ प्रा
David	Meiser	at	(239) 839-8368	· · · · · · · · · · · · · · · · · · ·
	Nai	me of Person		elephone Number
Enclos	ed is a check fo	or the following amount:		
] \$ 125.0	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
	Ma	uiling Address	Street/Courier Add	Iress

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

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 Limit		npany is:		
David Meiser Locks	mith LLC			
(Must end with th	ne words "Limited L	iability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Addre The mailing address a		of the principal offi	ice of the Limited Liability Con	mpany is:
Principal Office Add	ress:		Mailing Address:	
8442 Bamboo Road Ft Myers, FL 33967				
(The Limited Liability another business entity	Company canno y with an active I	nt serve as its own R Florida registration.		
The name and the Flor		s of the registered a	gent are:	
	David Meiser	Name		
	8442 Bamboo			
		address (P.O. Box 1	NOT acceptable)	
	Ft Myers		_{FL} 33967	
		City	Zip	
the place designate capacity. I further a	ed in this certifica gree to comply w am familiar with	ite, I hereby accept t ith the provisions of and accept the oblig	ice of process for the above statche appointment as registered at all statutes relating to the propertions of my position as register 605, F.S	gent and agree to act in this er and complete performance
•		(CONTINUE	D)	
		Page 1 of 2		* ;

<u>Γitle:</u>		Name and Address:
AMBR" = Authorized	Member	
AGR" = Manager		04
mbr		Stephanie Meiser
		8442 Bamboo Road
		Ft Myers, Fl 33967
		
se attachment if nece	ssary)	
ive date is listed, the	ther than the date of filing date must be specific an	g: (OPTIONAL) nd cannot be more than five business days prior to or
ive date is listed, the filing,)	date must be specific ar	g: (OPTIONAL) nd cannot be more than five business days prior to or
V: Effective date, if o tive date is listed, the filing.) VI: Other provisions,	date must be specific ar	g: (OPTIONAL) nd cannot be more than five business days prior to or
tive date is listed, the filing,)	date must be specific ar	g: (OPTIONAL) nd cannot be more than five business days prior to or
ive date is listed, the filing,)	f any.	nd cannot be more than five business days prior to or
ive date is listed, the filing.) VI: Other provisions,	f any.	g: (OPTIONAL) nd cannot be more than five business days prior to or
ive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT	f any.	nd cannot be more than five business days prior to or
ive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT	f any. URE: gnature of a member o	r an authorized representative of a member.
ive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT (In accordance)	f any. URE: gnature of a member of with section 605.0203	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
ive date is listed, the filing.) VI: Other provisions, EOUIRED SIGNAT (In accordance constitutes an	f any. URE: gnature of a member of a with section 605.0203 affirmation under the pe	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
ive date is listed, the illing.) VI: Other provisions, EOUIRED SIGNAT (In accordance constitutes an I am aware the	gnature of a member of a with section 605.0203 affirmation under the peat any false information s	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
ive date is listed, the filing.) VI: Other provisions, EOUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term of the constitutes and I am aware the constitutes a term of the constitutes and I am aware the constitutes a term of the constitutes and I am aware the constitutes a term of the constitutes and I am aware the constitutes a term of the constitutes are the constitutes are the constitutes are the constitutes and the constitutes are the constitutes a	gnature of a member of a with section 605.0203 affirmation under the peat any false information as problem.	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
vi: Other provisions, COUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term)	gnature of a member of a with section 605.0203 affirmation under the peat any false information is hird degree felony as proposed Meiser	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State by ided for in s.817.155, F.S.)
VI: Other provisions, COUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a term)	gnature of a member of a with section 605.0203 affirmation under the peat any false information is hird degree felony as proposed Meiser	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
ve date is listed, the iling.) /I: Other provisions, COUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a telephone illustrates and I am aware the constitutes a telephone illustrates and I am aware the constitutes a telephone illustrates a teleph	gnature of a member of a with section 605.0203 affirmation under the peat any false information as hird degree felony as proposed Meiser	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State evided for in s.817.155, F.S.) If or printed name of signee Filing Fees:
Ve date is listed, the iling.) VI: Other provisions, COUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a telephone situates and I am aware the constitutes and I am aware the constitutes a telephone situates a telep	gnature of a member of a with section 605.0203 affirmation under the peat any false information shird degree felony as propayid Meiser Typecor Articles of Organizat	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State evided for in s.817.155, F.S.) If or printed name of signee Filing Fees: ion and Designation of Registered Agent
Ve date is listed, the ling.) T: Other provisions, OUIRED SIGNAT (In accordance constitutes and I am aware the constitutes a temporal situates and I am aware the constitutes and I am aware the constitutes at the constitutes at 1 am aware the 1	gnature of a member of a with section 605.0203 affirmation under the peat any false information shird degree felony as propayid Meiser Typecor Articles of Organizat	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State evided for in s.817.155, F.S.) If or printed name of signee Filing Fees:

ARTICLE IV-

Page 2 of 2