

L14000120289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

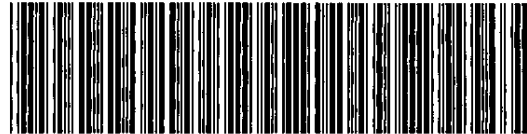
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

my-
word

Office Use Only



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07/09/14--01014--021 **155.00

FILED
14 JUL 31 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 30 2014

Transmittal Letter

Return Name and Address

Ronald Grapper

1411 2nd Avenue Deland, FL 32724

Date: 06/17/2014

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

Re: Articles of Organization

Dear Sir:

Enclosed please find original and one copy of articles of organization along with a filing fee of \$155.00.

Please file and provide a filed copy to me, together with any other information you commonly provide to a new business.

Please contact me at the above address if you require anything further.

Sincerely,


Ronald Grapper

Enclosures

Check # 1002 Enclosed for \$155.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2014

RONALD GRAPPER
1411 2 AVE
DELAND, FL 32724

SUBJECT: PYCAMC ENTERPRISES, LLC
Ref. Number: W14000042218

We have received your document for PYCAMC ENTERPRISES, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 9, 2014. Please amend your document accordingly.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 914A00014763

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PYCAMC Enterprises, 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:

1411 2nd Avenue

Deland, FL 32724

1411 2nd Avenue

Deland, FL 32724

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:

Ronald Grapper

Name

1411 2nd Avenue

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

Deland

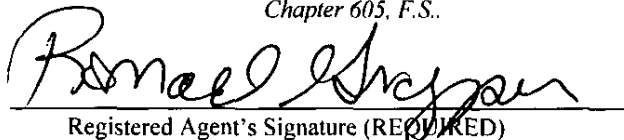
City

FL 32724

Zip

FILED
14 JUL 31 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

Ronald Grapper

1411 2nd Avenue

Deland, FL 32724

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JUL 31 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

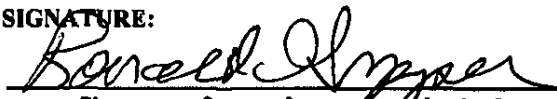
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/28/2014 (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.)

Ronald Grapper

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)