

#L15000001631

(Requestor's Name)

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Special Instructions to Filing Officer:

W15-105 LTD

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2014 DEC 31 PM 3:40
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2014 DEC 31 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN - 6 2015

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE
TALLAHASSEE, FLORIDA 32312
(850) 656-4724
TOLL FREE: 844-541-6792

COVER LETTER

WALK IN

ENTITY NAME: Fletch LTD., LLC

CK # 1468

AMOUNT: \$ 155.00

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2015

SUNSHINE CORPORATE & FILING SERVICES

SUBJECT: FLETCH LTD., LLC
Ref. Number: W15000000105

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2015 JAN -5 AM 3:08
NO. 15000000105
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

* Refile w/
"FLETCH, L.L.C."

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 115A00000019

Give original
Submission date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLETCH L.L.C.

(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:

800 South Golf Drive

Apt. 103

Naples, FL 34102

Mailing Address:

800 South Golf Drive

Apt. 103

Naples, FL 34102

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:

Paul F. Ryan

Name

800 South Golf Drive, Apt. 103

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

Naples

City

FL 34102

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.

Paul F. Ryan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address:

Paul F. Ryan
800 South Golf Drive
Apt. 103

Naples, FL 34102

Ouliana D. Ryan
800 South Golf Drive
Apt. 103
Naples, FL 34102

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(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:

Paul F. Ryan

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.)

Paul F. Ryan

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)