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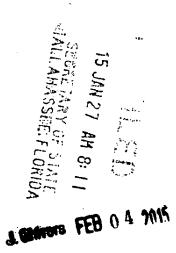
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOUISE COURNOYER 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:
Louisé Cournoyer Name of Person
Firm/Company
1476 CLEVELAND ST
Address
Clearwater, FC 33755
1476 (/EVE L p vd ST  Address  C/earwater / EQ 33755  City/State and Zip Code  LOUIS E CREALTOR mal. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LOUISE COURNOYER at 727 410 -5980  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status    Status   Stat

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:

LOUISÉ COURNOYER 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:
1476 Cleveland ST 1476 ClevelAnd ST Leanwater F-C Cleanwater FC
Leanwater Fl Cleanwater Fl
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:
LOUISE COURNOYER
Name
1416 CIEUELAND ST
Florida street address (P.O. Box NOT acceptable)
Clearwater FL 33755
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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Managee	LOUISE COURNOYER 1476 CIEUE LAND ST CIERRWOLE, 1-8 3375
(Use attachment if necessary)	
LE V: Effective date, if other than the d	late of filing: (OPTIONAL)
LE V: Effective date, if other than the defective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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LE V: Effective date, if other than the defective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the of fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the offective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Elorida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the of fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Elorida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member.  605.0203 (1) (b), Elorida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent