

L15000087389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

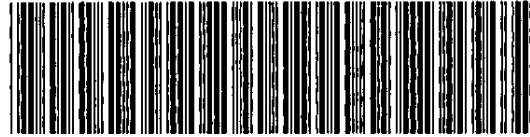
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/19/15

Y.S

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Count on Me, 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:

Sonya R. Charlebois
Name of Person
Count on Me, LLC
Firm/Company
9817 Woodstock Lane
Address
Port Richey, FL 34668
City/State and Zip Code
sc@lakecovecap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya Charlebois 813 962-6262
at ()
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 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

The name of the Limited Liability Company is:

Count on Me, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

9817 Woodstock Lane
Port Richey, FL 34668

The mailing address of the Limited Liability Company is:

9817 Woodstock Lane
Port Richey, FL 34668

ARTICLE III

The name and Florida street address of the registered agent is:

Sonya R. Charlebois
9817 Woodstock Lane
Port Richey, FL 34668

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

2015 MAY 11 AM 8:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV

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

Title:

MGR

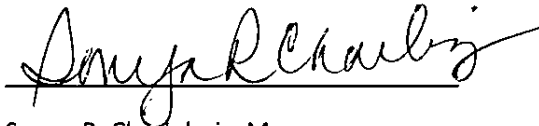
Name & Address:

Sonya R. Charlebois
9817 Woodstock Lane
Port Richey, FL 34668

ARTICLE V

Effective Date for this Limited Liability Company shall be: 06/01/2015

Signature of authorized representative:



Sonya R. Charlebois, Manager

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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2015 MAY 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA