

L15000170335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

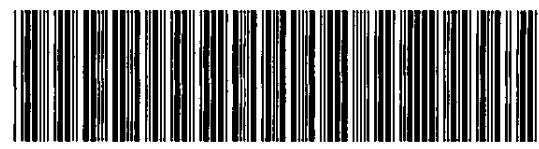
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
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10/07/15

LAW OFFICES
RICHARD D. SNEED, JR., P.A.
ESTABLISHED 1973

MARDI EXECUTIVE CENTER, SUITE 206
1905 SOUTH 25TH STREET
FORT PIERCE, FLORIDA 34947
(772) 465-2330

www.sneedlawfirm.com
EMAIL: rdsjrpa@bellsouth.net

2001 BUILDING, SUITE 114
2001 9TH AVENUE
VERO BEACH, FLORIDA 32960
(772) 562-2772 FAX (772) 562-9779

IN REPLY REFER TO:

September 30, 2015

VIA FEDEX

Division of Corporations
Attn: New Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Re: Etchartessian, LLC

Gentlemen:

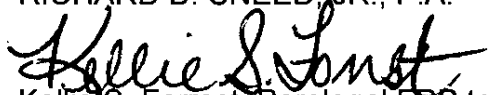
Enclosed please find the Articles of Organization for the formation of Etchartessian, LLC, a Florida limited liability company together with our firm's check number 23322 in the amount of \$130.00. Please file the Articles and forward proof thereof, and a certificate of status, to us.

Should you have any questions, please feel free to contact me.

Thank you.

Sincerely,

Law Offices of
RICHARD D. SNEED, JR., P.A.


Kellie S. Forrest, Paralegal FRP to
Richard D. Sneed, Jr., Esq.

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Etchartessian, 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:

Kellie S. Forrest

Name of Person

Law office of Richard D. Sneed, Jr., P.A.

Firm/Company

2001 9th Avenue, Suite 114

Address

Vero Beach Florida 32960

City/State and Zip Code

kellieann@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Forrest, FRP 772 465-2330

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

Street Address
New Filing 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:

Etchartessian, 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:

1166 Bayshore Drive

Unit 103

Fort Pierce, Fl. 34949

1166 Bayshore Drive

Unit 103

Fort Pierce, Fl. 34949

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:

Richard D. Snecd, Jr., P.A.

Name

2001 9th Avenue, 2001 Building, Suite 114

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

Vero Beach

Fl.

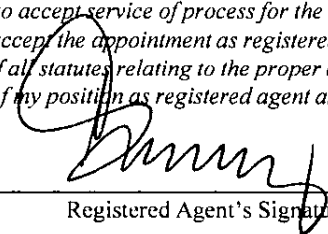
32960

City

State

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)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Margaret Minasian
1 Gates Avenue, 2nd Floor
Marlborough, MA 01752

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Margaret Minasian

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Margaret Minasian
Typed or printed name of signee

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)

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