L16000035722

(Red	questor's Name)	
(Add	dress)	
(Add	ress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
W15 - 7	77836	

Office Use Only



900279297119

11/24/15--01008--019 **125.00

SECRETARY OF SIME



174

COVER LETTER

	egistration Section ivision of Corporations
cubieca	AFFORDABLE APPLIANCES L.L.C.
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	NORBERT MICHAELIS
	Name of Person
	AFFORDABLE APPLIANCES LLC
	Firm/Company
	560 PINE ISLAND RD
	Address
	NORTH FORT MYERS FL 33903
	City/State and Zip Code
	APLUSAFFORDABLEAPPLIANCES@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	MICHAEL 239 595-2976 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	Sling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{ \$\text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy is
	Mailing Address Street Address

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

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2016

NORBERT MICHAELIS ****3RD ML****
560 PINE ISLAND RD
SUITE #7
NORTH FORT MYERS, FL 33903

SUBJECT: AFFORDABLE APPLIANCE L.L.C.

Ref. Number: W15000077836

We have received your document for AFFORDABLE APPLIANCE L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00025241

www.sunbiz.org

DO DOX 6007 W.H.1.1.... TH. 1.1. 000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 FEB 19 PM 2:58

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE ALLAHASSEE FLOMINA

ABC AFFORDABLE APPLIANCES 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:	Mailing Address:
560 PINE ISLAND RD	5GO PINE ISLAND RD
Worth Fort Myers, FL 33903	

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:

Name

560 PINE ISLAND RD #7

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

VORTH FOR MYERS FL 33903

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..

(CONTINUED)

Rogistered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Me	· · · · · · · · · · · · · · · · · · ·	me and Address:		ECHEVAN CA S
"MGR" = Manager	-	NORBERT	MICHAE	<u>/Ś</u>
		560 PINE	ISCANA	<u>K</u> 0
			1.01.101	
m	 y)			
(Use attachment if necessar				
CLE V: Effective date, if other effective date is listed, the date	than the date of filing:e must be specific and car	not be more than five bus		or 90 days after
(Use attachment if necessar ICLE V: Effective date, if other effective date is listed, the date of filing.) If the date inscrted in this blo ocument's effective date on the	e must be specific and car ck does not meet the appli	i not be more than five bus cable statutory filing requir	ness days prior to	•
ICLE V: Effective date, if other effective date is listed, the datate of filing.) If the date inscrted in this blo	e must be specific and can ck does not meet the appli Department of State's rec	i not be more than five bus cable statutory filing requir	ness days prior to	•
CLE V: Effective date, if other effective date is listed, the date ate of filing.) If the date inserted in this blo ocument's effective date on the	e must be specific and can ck does not meet the appli Department of State's rec y.	i not be more than five bus cable statutory filing requir	ness days prior to	•

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)