

L/6000061710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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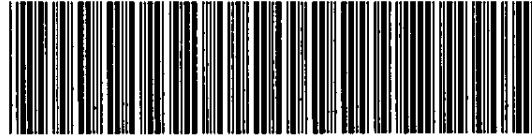
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS

03/30/16

The Law Office of

GREGORY K. MAUSSER, P.A.
Attorney at Law

5224 West State Road 46
PMB #343
Sanford, Florida 32771

Telephone (407) 330-9976
Facsimile (407) 323-5543
gkm@mausserlaw.com

March 18, 2016

Florida Division of Corporations
Registration / New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: **LONGERARM, LLC**

Dear Sir or Madam:

Enclosed please find Articles of Organization and check number 1326 in the amount of \$160.00 for the filing fee, Certificate of Status, and certified copy, regarding the above-referenced matter.

Please return all correspondence regarding this matter to the following:

c/o Stephanie Mausser
The Law Office of Gregory K. Mausser, P.A.
5224 West State Road 46, PMB #343
Sanford, Florida 32771
gkm@mausserlaw.com
407-330-9976

Thank you for your time and attention to this matter. Should you require any further documentation or need any additional information, please do not hesitate to contact us.

Sincerely,


Stephanie Mausser

SLM/

Enclosures: Articles of Organization; Check #1326

ARTICLES OF ORGANIZATION

LONGERARM, LLC

ARTICLE I: Name

The name of the Limited Liability Company is: LONGERARM, LLC

ARTICLE II: Address

The principal office address shall be:

2891 Laura Baugh Drive
Melbourne, Florida 32925

The mailing address shall be:

2891 Laura Baugh Drive
Melbourne, Florida 32925

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ARTICLE III: Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the Registered Agent are as follows:

Stephanie Mausser
4663 Redmond Place
Sanford, Florida 32771

Having been named as a registered agent and to accept service of process for LONGERARM, LLC, 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, Fla. Stats.

Registered Agent's Signature: Stephanie Mausser

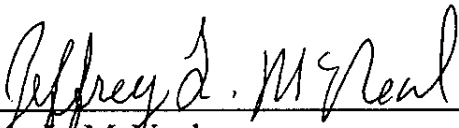
ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company

AMBR: Jeffrey L. McNeal
2891 Laura Baugh Drive
Melbourne, Florida 32935

ARTICLE V: Effective Date

The effective date shall be March 1, 2016

SIGNATURE:


Jeffrey L. McNeal

This document is executed in accordance with § 605.0203(1)(b), Fla. Stat. 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.

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