

L16000123447

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5/17/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Island IT, LLC (please see the letter of dissolution enclosed)**  
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:

Amanda Beren

Name of Person

Corpnet, Inc

Firm/Company

340 N. Westlake Blvd. #210

Address

Westlake Village, CA 91362

City/State and Zip Code

FILINGS@CORPNET.COM

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

For further information concerning this matter, please call:

Amanda Beren

888

449-2638

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/Courier Address**

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



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250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

June 23, 2016

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

RE: Island IT, LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing.  
Also, please find enclosed a check for state filing fees in the amount of **\$155.00**  
made payable to the FL Dept of State. For information to this filing at the  
undersigned.

Thank you in advance and please return all correspondence in regards to this filing  
using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
aberen@corpnet.com

Toll-Free: 888-449-2638  
Direct/Intl: 805-449-2638  
Fax: 805-449-2639 | info@corpnet.com

## **Dissolved Statement**

**Date: 6/8/2016**

**Dear Sir/Madam,**

**Island IT, Inc. which has a document number of P15000086051 in Florida, Is my Business and I have no intentions of reinstating the company. For details of this company, please see the following:**

**Document Number: P15000086051**

**Date Filed: 10/19/2015**

**Dissolution date: 06/08/2016**

**State: Florida**

**Principal Address: 9400 Little Gasparilla Island, Unit E4, Placida, FL 33946**

**President: Robert Newman, 411 Walnut Street, #10323, Green Cove Springs FL 32043**

**Best Regards,**

A handwritten signature in black ink that reads "Robert Newman". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

**Robert Newman**

**President of Island IT, Inc.**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island IT, 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:

411 Walnut St., #10323  
Green Cove Springs, FL 32043

411 Walnut St., #10323  
Green Cove Springs, FL 32043

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

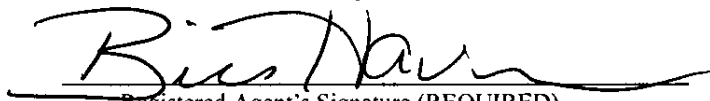
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agents Inc.  
Name  
3030 N. Rocky Point Dr., Ste. 150A  
Florida street address (P.O. Box NOT acceptable)  
Tampa FL 33607  
City Zip

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*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Robert K. Newman

411 Walnut St., #10323

Green Cove Springs, FL 32043

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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.)

Amanda Beren, Organizer

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)