

L16000191693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

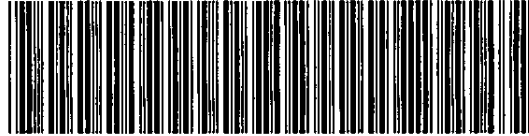
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 17 AM 8:54

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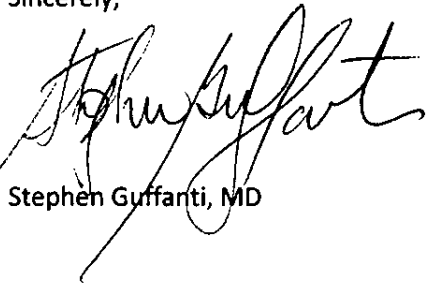
OCT 19 2016

Dear Sir:

Enclosed is the notarized copy of our Articles of Organization for a new LLC, Children's U.com. Please also find a check for \$125 paid to your department for the fee.

If you have any concerns feel free to contact me at 760-613-8617 or via email atsguffanti@cox.net.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Guffanti", written in a cursive style.

Stephen Guffanti, MD



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2016

STEPHEN GUFFANTI, MD
7320 BOUNTY DR.
SARASOTA, FL 34231

SUBJECT: CHILDREN'S U.COM LLC
Ref. Number: W16000056341

We have received your document for CHILDREN'S U.COM LLC 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return 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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 916A00017144

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Children's U.com LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7320 Bounty Dr
Sarasota, FL 34231

7320 Bounty Dr
Sarasota, FL 34231

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:

Stephen Guffanti

Name

7320 Bounty Dr

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

Sarasota

FL

34231

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stephen Guffanti

7320 Bounty Dr

Sarasota, FL 34231

Manager

Maureen Guffanti

7320 Bounty Dr

Sarasota, FL 34231

(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:



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.

Stephen Guffanti

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)