

L16000232020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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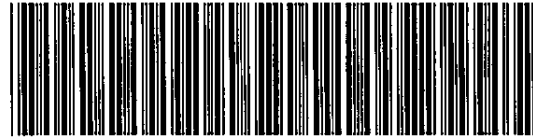
(Business Entity Name)

(Document Number)

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16 DEC 27 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/25/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

AppropriatePricing.com 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:

Tracy Henderson
Name of Person

Firm/Company

3414 Founder's Club Drive

Address

Sarasota, FL 34240

City/State and Zip Code

tmh91@yahoo.com

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

For further information concerning this matter, please call:

Tracy Henderson

Name of Person

at 941

Area Code

587-0565

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:

Appropriate Pricing. Com 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:

3414 Founder's Club Drive
Sarasota, FL ~~34240~~ 34240

Mailing Address:

3414 Founder's Club Drive
Sarasota, FL 34240

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:

Tracy Henderson
Name

3414 Founder's Club Drive
Florida street address (P.O. Box NOT acceptable)

SARASOTA FL ~~34240~~ 34240
City State Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Tracy Henderson
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

Authorized Member

Name and Address:

Audra B. Danko 51% owner
8318 Curlew Ct.
Bradenton, FL 34202

Authorized Member

Tracy Henderson 49% owner
3414 Founders Club Drive
Sarasota, FL 34240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/18/16 (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.

Audra B. Danko 51% owner

Tracy Henderson 49% owner

REQUIRED SIGNATURE:

Audra Danko 12/18/16

x Tracy Henderson

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.

Audra Danko

x Tracy Henderson

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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TALLAHASSEE FLORIDA