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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pernilla Einsbohr 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:
Pernilla Einsbohr Name of Person
Firm/Company
185 30 Tulip Rd
Fort Myers, FL 33967 City/State and Zip Code Realtor Naples Flonda @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pernilla Einsbohr _{at} (239), 315-559 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \times S130.00 Filing Fee \times Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status \times 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 FLORIDALIMITED LIABILITY COMPANY

LLC
ompany, "L.L.C" or "LLC.")
Limited Liability Company is:
Mailing Address:
18530 Tullo Rd Fort Myers Pl 339167

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:

Pernilla	Einsb	ο / ΝΥ
	Name	
18530 TU	NID Rd	
Florida street address	(P.O. Box <u>NOT</u>	acceptable)
Fort Myers	FL	33967
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)

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SECRETARY OF STATE
TAIL AHASSEL OF STATE

Title: 'AMBR" = Authorized Membe 'MGR" = Manager	Name and Address:
AMBR	Pernilla Einsbuhr 18530 Tulip Rd Fornmyers, PC 33767
·	
-	n the date of filing:
EV: Effective date, if other that extive date is listed, the date m filling.) the date inserted in this block of	n the date of filing:
E V: Effective date, if other that extive date is listed, the date m filing.) the date inserted in this block conent's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be
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ctive date is listed, the date m f filing.) the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any. REOURED SIGNATURE: Signatur This document I am aware that constitutes a th	ust be specific and cannot be more than five business days prior to or 90 dies not meet the applicable statutory filing requirements, this date will not be