## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000058816 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOTE,

Account Number: 075410002172

Phone : (239)344-1100 Fax Number : (239)344-1529

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### FLORIDA LIMITED LIABILITY CO. PTOM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. BURCH

3 2017 MAR

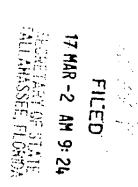
Corporate Filing Menu

Help

3/2/2017

FAX AUDIT NO.: H17000058816 3

# ARTICLES OF ORGANIZATION OF PTOM, LLC



#### **ARTICLE I-NAME**

The name of the limited liability company shall be PTom, LLC (the "Company").

#### ARTICLE II-MAILING AND STREET ADDRESS

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

27146 Shell Ridge Circle Bonita Springs, Fiorida 34134

#### ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

#### ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

#### Name

#### Address

Thomas A. Caristrom

27146 Shell Ridge Circle Bonita Springs, Florida 34134

#### **ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

#### ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company.

#### **ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

FAX AUDIT NO.: H17000058816 3

henlaw.com

FAX AUDIT NO.: H17000058816 3

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this  $2^{\rm nd}$  day of March 2017.

Thomas A. Carlstrom
Authorized Representative

FAX AUDIT NO.: H17000058816 3

FAX AUDIT NO.: H17000058816 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PTom, LLC.
- 2. The name and address of the registered agent and office are:

Thomas A. Carlstrom 27146 Shell Ridge Circle Bonita Springs, Florida 34134

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, Florida Statutes.

Thomas A. Carlstrom, Registered Agent

17 MAR -2 AM 9: 25

wine.

**19**5

ai

HE'

rfor:

FAX AUDIT NO.:

H170000588163