

# L19000082581

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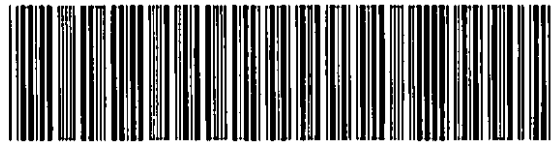
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(Document Number)

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CLERK OF DISTRICT  
CLERK OF DISTRICT  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 29 2019

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** LITO & Associates, 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:

David M. Platt

\_\_\_\_\_  
Name of Person

David M. Platt, P.A.

\_\_\_\_\_  
Firm/Company

2427 Periwinkle Way, Ste. B

\_\_\_\_\_  
Address

Sanibel, Florida 33957

\_\_\_\_\_  
City/State and Zip Code

david.platt@sancaplaw.com

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

For further information concerning this matter, please call:

David M. Platt

239

472-5400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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\$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

FAX AUDIT NO.:

**ARTICLES OF ORGANIZATION  
OF  
LITO & ASSOCIATES, LLC**

**FILED**  
**19 MAR 22 AM 9:48**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**NAME**

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

**ARTICLE II**

**MAILING AND STREET ADDRESS**

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

731 Nerita St.  
Sanibel, Florida 33957

**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 D. Jones

731 Nerita St.  
Sanibel, FL 33957

**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.

FAX AUDIT NO.:

FAX AUDIT NO.:

## **ARTICLE VI**

### **MANAGEMENT OF THE COMPANY**

The Company shall be managed by the members and is, therefore, a member-managed company. The following are the names and address of the initial members:

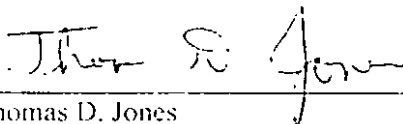
<u>Name</u>	<u>Title</u>	<u>Address</u>
Thomas D. Jones	MBR	731 Nerita St. Sanibel, Florida 33957
Lisa K. Franks	MBR	731 Nerita St. Sanibel, Florida 33957

## **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.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 19 day of March, 2019

  
\_\_\_\_\_  
Thomas D. Jones  
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:


**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: LITO & Associates, L.L.C.
2. The name and address of the registered agent and office is:

Thomas D. Jones  
731 Nerita St.  
Sanibel, Florida 33957

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 D. Jones

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19 MAR 22 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: