

121000161908

(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:

Office Use Only



200361647862

03/11/21--01018--013 **125.00

2021 MAR 11 PM 2:15
RECEIVED
MAR 11 2021

BECAUSE I THOUGHT OF YOU LLC

542 Cicerone Street #101

Sarasota FL 34238

New Filing Section

Division of Corporations

PO Box 6327

Tallahassee FL 32314

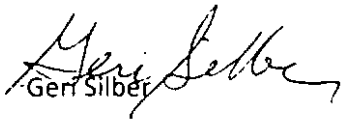
Re: New LLC application

Gentlemen:

Enclosed please find a new LLC application. Kindly process in your usual manner. Payment of \$125.00 is enclosed.

I can be contacted at the above address or at 941.806.8381.

Very truly yours,


Geri Silber

Enc. Application and check #1456

2021 MAR 11 PM 2:15
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

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

SUBJECT: Because I Thought of You, 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:

Geri Silber

Name of Person

Because I thought of You, LLC.

Firm/Company

5420 Cicerone St, Apt 101

Address

Sarasota FL 34238

City/State and Zip Code

Geri@becauseithoughtofyou.net

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

For further information concerning this matter, please call:

Geri Silber

941

8068381

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

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Because I Thought of You, LLC.

(Must contain 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:

Mailing Address:

5420 Cicerone Street

5420 Cicerone Street

Apt 101

Apt 101

Sarasota FL 34238

Sarasota FL 34238

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:

Ronald Silber

Name

5420 Cicerone St., Apt 101

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

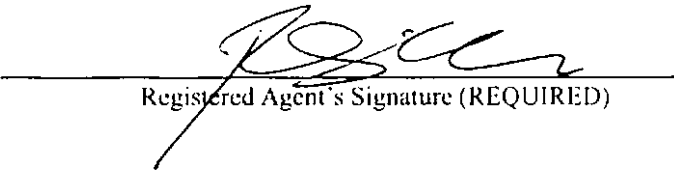
Sarasota FL 34238

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)

2021 MAR 11 PM 2:15
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
SARASOTA COUNTY, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Geri Silber

5420 Cicerone St., Apt 101

Sarasota FL 34238

2021 MAR 11 PM 2:15

(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.

Geri Silber

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)