M09000004134

(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Enary Hailio)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
, ,

Office Use Only



200161224322

200161224322 10/07/09--01025--011 ***375.00



C. LEWIS OCT 20, 2009 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2009

WENDY O. PATTEN / FIGURE IT DONE LLC P.O. BOX 18261 SARASOTA, FL 34276

SUBJECT: FIGURE IT DONE LLC Ref. Number: W09000044957

We have received your document for FIGURE IT DONE LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 509A00032501

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. ROX 6397 Tallahassaa, Florida 39314

COVER LETTER

.TO:

SUBJECT:	FIG	SURE IT DONE LLC	
	1	Name of Limited Liability Company	
The enclosed "Application Existence, and check a	ntion by Foreign Limited L are submitted to register the	iability Company for Authorization to T e above referenced foreign limited liabil	ransact Business in Florida," Certificate o ity company to transact business in Florida
Please return all corre	spondence concerning this	matter to the following:	
		WENDY O. PATTON	
		Name of Person	
		FIGURE IT DONE LLC	,
		Firm/Company	
		P.O. BOX 18261	
		Address	
		SARASOTA, FL 34276	
		City/State and Zip Code	
	W	endyp29@goprimecast.com	
	E-mail address	s: (to be used for future annual report no	illication)
For further information	n concerning this matter, p	lease call:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WENDY O. PATTO		320-3269
	Name of Person	Area Code & Daytime Telephor	ne Number
MAILING A Division of C		STREET ADDRESS: Division of Corporations	
Registration S	Section	Registration Section	
P.O. Box 632 Tallahassee, I		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check	k for the following am	ount:	
Eliciosed is a check	t for the following and	—	
\$ 125.00 Fi	ling Fee S130.00 Fi	ling Fee & \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO F LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	PEGSTER A FOREIGN
FIGURE TT NAME LIC	
1. FIGURE TT DONE LC (Name of Foreign Limited Liability Company," "L.L.C.," of	T-LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attac consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	is a copy of the written Limited Liability
2. DELAWARE 3. 26-4018709	
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4018109 (FEI number, if applicable)	
4. 1/12/2009 5. PERPETUAL	**************************************
(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	y will cease to
6. AUGUST 1,2009	(A) W
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
1 6628 41ST ST. CIRCLE EAST	. i a
	A Section Section
SARASOTA, FL 34243 (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as fol	lows:
PATRICIA BURKE	
P.O. Box 18261	
SARASOTA, FL 34276	· .
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign ranslation of the certificate under oath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Florida:	
BOOKILEEPING SERVICES	
Patricia Burle	TALCARI
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	TLF PARSE
an affirmation under the penalties of perjury that the facts stated herein are true.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Typed or printed name of signee	E P STA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
FIGURE IT DONE LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
ACCUPATE PRINTED PRODUCTS INC.
5974 MADRANO DR. Florida Street Address (P.O. Box NOT ACCEPTABLE)
SARASOTA FL 34232 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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIGURE IT DONE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2009.

4643833 8300

090854816

AUTHENTY CATION: 7530305

DATE: 09-16-09

You may verify this certificate online at corp.delaware.gov/authver.shtml