

L16000177261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

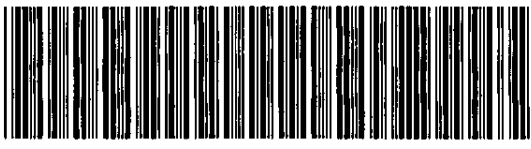
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OFFICE OF STATE
TALLAHASSEE, FLORIDA

V HERRING
SEP 23 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LISANDIA, 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:

S. Noel White
Name of Person
Sylvia Noel White, PA
Firm/Company
1108 S. Highland Avenue
Address
Clearwater, FL 33756
City/State and Zip Code
sandy_parish@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noel White at (727) 735-0645
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2016

SYLVIA NOEL WHITE P.A.
1108 S. HIGHLAND AVENUE
CLEARWATER, FL 33756

SUBJECT: LISANDIA, LLC
Ref. Number: W16000064782

We have received your document for LISANDIA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 516A00020090

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LISANDIA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

404 Hidden Harbour Drive
Indian Rocks Beach, FL 33785

404 Hidden Harbour Drive
Indian Rocks Beach, FL 33785

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:

<u>Sanford C. Parish</u>		
Name		
<u>404 Hidden Harbour drive</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Indian Rocks Beach</u>	<u>FL</u>	<u>33785</u>
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)

ARTICLE IV-

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

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TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SANFORD C. PARISH
404 Hidden Harbour Drive
Indian Rocks Beach, FL 33785

MGR

LISA PARISH
404 Hidden Harbour Drive
Indian Rock Beach, FL 33785

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 12, 2016 (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.

Sanford C. Parish

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)