

L190000151568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

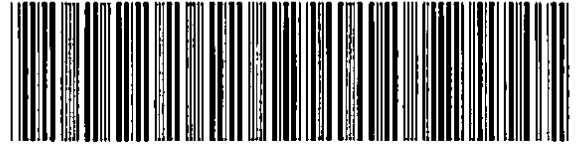
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECURITY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 18 2019

COVER LETTER

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

SUBJECT: NeckTITE Magic 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:

Gail N Tillinghast
Name of Person
NeckTITE Magic LLC
Firm/Company
4982 Shaker Heights Court, #101
Address
Naples, Florida 34112
City/State and Zip Code
gailnecktitemagic@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Tillinghast 401 489-5300
Name of Person at (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NeckTITE Magic 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:

NeckTITE Magic LLC

4982 Shaker Heights Ct. #101

Naples, FL 34112

NeckTITE Magic LLC

4982 Shaker Heights Ct. #101

Naples, FL 34112

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:

Cynthia Karp

Name

4918 Sedgewood Place

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

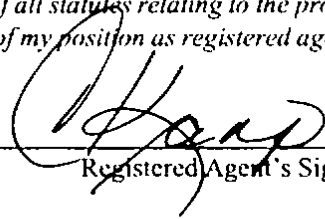
Naples, FL 34112

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Gail N Tillinghast

4982 Shaker Heights Ct. #101

Naples, FL 34112

AMBR

Earl Tillinghast

4982 Shaker Heights Ct. #101

Naples, FL 34112

AMBR

Cynthia Cooper

10245 Bismark Palm Way - Unit #1425

Ft. Myers, FL 33966

AMBR

Joel Cooper

10245 Bismark Palm Way - Unit#1425

Ft. Myers, FL 33966

(Use attachment if necessary)

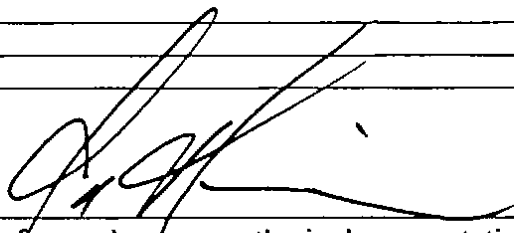
ARTICLE V: Effective date, if other than the date of filing: July 1st, 2019 (OPTIONAL)

(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.

Gail N. Tillinghast

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)