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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLARE

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COVER LETTER

	New Filing Section Division of Corporations			•	
SUBJEC	O'Neill Strategic Brand	Communicat	ions LLC		
o o bone	••	Name of Lir	nited Liabil	ity Company	
The enclo	osed Articles of Organization	and fee(s) ar	e submitted	for filing.	
Please ret	urn all correspondence conc	erning this ma	atter to the 1	following:	
	Christopher Cleary O'Nei	11			
			Name of	Person	
			Firm/Co	mpany	
	2716 NE 10th Terrace				
			Addr	ess	
	Wilton Manors, FL 3333	4			
	chrisoneillhere@gmail.con		ity/State an	d Zip Code	
	E-mail addres	s: (to be used	for future a	nnual report notificat	ion)
For further	information concerning this	matter, please	e call;		
	Christopher O'Neill	91	7	327-5064	
	Name of Person		rea Code	Daytime Telephon	e Number
Enclosed	is a check for the following a	imount:			
□\$125.0	0 Filing Fee ≡\$130.00 Certificate	Filing Fee & of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section			Street Address New Filing Section D	ivision
	Division of Corpora	tions		The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314 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:		
O'Neill Strategic Brand Communications LLC		
(Must contain the words "Limited Lie	ability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal office	ice of the I	limited Liability Company is:
Principal Office Address:		Mailing Address:
2716 NE 10th Terrace		2716 NE 10th Terrace
Wilton Manors, FL 33334		Wilton Manors, FL 33334
	 -	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered /	d Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:	
Christopher Cleary O'N	Icill	
	Vaine	
2716 NE 10th Terrace		
Florida street address (P.O. Box I	NOT acceptable)
Wilton Manors	FL	33334
City	State	Zip
	ntment as reting to the registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	Christopher Cleary O'Neill 2716 NE 10thTerrace Wilton Manors. FL 33334
	> N
	<u> </u>
•	
EV: Effective date, if other than the ctive date is listed, the date must b f filing.) the date inserted in this block does to	date of filing: August 16.2021 (OPTIONAL) e specific and cannot be more than five business days prior to or sometiment the applicable statutory filing requirements, this date will ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must b of filing.) the date inserted in this block does ment's effective date on the Department's	e specific and cannot be more than five business days prior to or some meet the applicable statutory filing requirements, this date will n
E V: Effective date, if other than the ective date is listed, the date must b f filing.) the date inserted in this block does ment's effective date on the Department's	e specific and cannot be more than five business days prior to or some meet the applicable statutory filing requirements, this date will n
E V: Effective date, if other than the ctive date is listed, the date must b f filing.) the date inserted in this block does reacht's effective date on the Departm E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or so not meet the applicable statutory filing requirements, this date will need of State's records.
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ective date is listed, the date must be of filing.) the date inserted in this block does rement's effective date on the Departm E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex 1 am aware that any	e specific and cannot be more than five business days prior to or so not meet the applicable statutory filing requirements, this date will need of State's records.
E V: Effective date, if other than the ctive date is listed, the date must b f filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any. Signature of a This document is ex I am aware that any constitutes a third do	a member or an authorized representative of a member. eccuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certificate of Second (Only)
\$ 5.00 Certificate of Second (Only)

\$ 5.00 Certificate of Status (Optional)