

L22000310732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

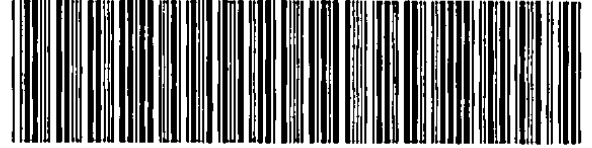
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUL 11 AM 6:04

W22000087412



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL 11 AM 10:55

REGISTRARS
COMMERCIAL
SERVICES

June 29, 2022

CHRISTINE WHITNEY
POOPSIE WHOOPSIE PICK UP
1411 FLOYD DR
ROCKLEDGE, FL 32955 US

SUBJECT: 4 LEGENDS L.L.C.
Ref. Number: W22000087412

We have received your document for 4 LEGENDS L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Dil Sultana
Regulatory Specialist II

Letter Number: 622A00014724

2023 JUL 11 AM 6:01

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4 Legends L.L.C.
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:

Christine Whitney
Name of Person

Proopsie Whoopsie Pick Up
Firm/Company

1411 Floyd dr
Address

Rockledge FL 32955
City/State and Zip Code

Legends.W3@outlook.com
E-mail address: (to be used for future annual report notification)

2023 JUL 11 AM 6:04

For further information concerning this matter, please call:

Christine Whitney at (321) 961-4500
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:

4 Legends L.L.C.

(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:

1411 Floyd dr
Rockledge FL 32955

1411 Floyd dr
Rockledge FL 32955

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

Christine S. Whitney

~~Peepsie Woopsie Peep up~~
Name

1411 Floyd dr.
Florida street address (P.O. Box **NOT** acceptable)

Rockledge FL 32955
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.

C. Whitney
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 11 AM 6:04

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Christine S. Whitney
1411 Hayd dr Rockledge FL 32955

Christine S. Whitney
1411 Hayd dr
Rockledge FL 32955

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/10/2022 (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.

2022 JUN 11 AM 5:01

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.

Christine S. Whitney
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)