

L22000362126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

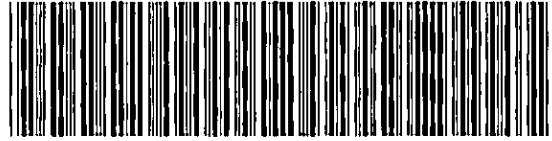
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000392243810

S. CHATHAM
AUG 19 2022

08/18/22--01001--013 **375.00

RECEIVED
2022 AUG 19 AM 6:44
AM 6:44
AUG 19 AM 3:26
ATTACHMENT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pot N Grounds 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:

Lyndsey Perry
Name of Person
Pot N Grounds LLC
Firm/Company
945 Spring Circle, #102
Address
Deerfield Beach, FL 33441
City/State and Zip Code
lynperry0827@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

____ at (____) _____
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

125

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/17 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. **POT N GROUNDS LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2022

CORPORATE ACCESS, INC.

Corrected

SUBJECT: POT N GROONDS LLC
Ref. Number: W22000106416

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

It looks like the name listed on the cover letter and the Articles of Organization are not the same. Please amend the document so the names reflect accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00018397

FILED
CORPORATE ACCESS, INC.
2022 AUG 18 PM 3:01

2022 AUG 18 PM 4:10
CORPORATE ACCESS, INC.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pot N Grounds 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>945 Spring Circle #102</u> <u>Deerfield Beach, FL</u> <u>33441</u>	<u>945 Spring Circle</u> <u>Deerfield Beach, FL</u> <u>33441</u>

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:

Lyndsey Perry
Name
945 Spring Circle #102
Florida street address (P.O. Box NOT acceptable)
Deerfield Beach, FL 33441
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pot N Grounds 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:

945 Spring Circle #102
Deerfield Beach, FL
33441

Mailing Address:

945 Spring Circle
Deerfield Beach, FL
33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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The name and the Florida street address of the registered agent are:

Lyndsey Perry
Name

945 Spring Circle #102

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

Deerfield Beach, FL 33441

City

State

Zip

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[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

Lyndsey Perry
945 Spanish Circle #102
Seaside Beach, FL 33441

(Use attachment if necessary)

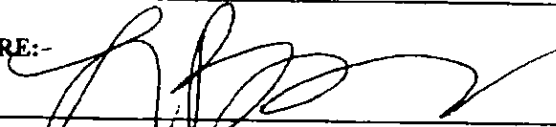
ARTICLE V: Effective date, if other than the date of filing: 8/17/2022 (OPTIONAL)

(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.

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.

Lyndsey Perry
Typed or printed name of signer

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)

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

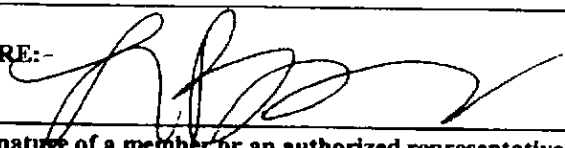
Lyndsey Perry
945 Sophia Circle #102
Sanibel Beach, FL 33941

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/17/2022 (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.)
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