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Fax Number : (850)617-6381

From:

Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850)433-6581
Fax Number : (850)433-6162 434-7163

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eleanor.l.taylor@gmail.com

FLORIDA LIMITED LIABILITY CO.

Fifty Up, LLC

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August 28, 2020

Via Fax Only (850) 617-6381
Daniel L. O'Keefe
Florida Department of State
Division of Corporations

Re: **Fifty Up, LLC**
Ref: W20000094229
Our File No.: 14363-149258

Dear Mr. O'Keefe:

I am in receipt of your faxed rejection notice (attached) with regard to our electronic submission for the name "Fifty Up, LLC". You reference that our newly formed LLC name is not distinguishable from "Fifty Up, Inc.". The member, or owner, of both the LLC and the Inc are the same. I am hopeful the Division would reconsider acceptance of the new LLC?

Please let me know via fax (850) 434-7163, email: dsb@esclaw.com, or phone if I can successfully re-submit the LLC name.

Sincerely,



David S. Bright
Paralegal

/dsb
Attachment

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CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
FIFTY UP, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Section 605 of the Florida Statutes, entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company.

ARTICLE I
NAME

The name of the limited liability company, hereinafter referred to in these Articles as "Company," is:

FIFTY UP, LLC

ARTICLE II
ADDRESS

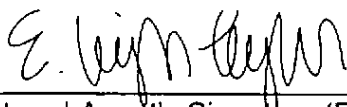
The Company's street address of its principal place of business in Florida is 585 Windrose Circle, Pensacola, Florida 32507 and its mailing address is the same, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE III
REGISTERED AGENT

The name and Florida street address of the Company's Registered Agent is

Eleanor Leigh Taylor
585 Windrose Circle
Pensacola, FL 32507

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.



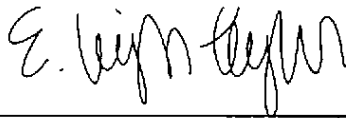
Registered Agent's Signature (REQUIRED)

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ARTICLE IV
MANAGEMENT

The business of the Company shall be managed by the authorized member. The name and address of the person authorized to manage and control the Company is:

TITLE	NAME AND ADDRESS
AMBR	Eleanor Leigh Taylor 585 Windrose Circle Pensacola, FL 32507



Signature of 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 provide for in s.817.155, F.S.

Eleanor Leigh Taylor
Typed or printed name of signee

Filing Fee:	\$100.00
Registered Agent Designation:	\$25.00
Certified Copy:	\$30.00
Certificate of Status:	\$5.00

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