

L0300000036332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

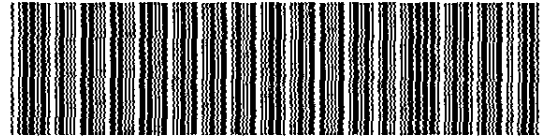
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/03--01068--015 **160.00

RECEIVED
03 SEP 24 PM 12:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 SEP 24 PM 12:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L03-36332
Q

NEAT expectations™, LLC

LYNDA TURNER
Professional Organizer
(904) 502- 5640

I am submitting this cover letter, the articles of organization and check # 2777 for \$160.00
This \$160.00 check ,made out to the Florida Department of State, is payment for the following:

\$100.00 Filing Fee for the Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status

Lynda Turner
Lynda Turner
Date 9-24-03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 24 PM 12:58

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEAT EXPECTATIONS ; 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:

LYNDA TURNER

(Name of Person)

NEAT EXPECTATIONSTM, LLC

(Firm/Company)

1068 NATURE'S HAMMOCK RD. S.

(Address)

JACKSONVILLE, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNDA TURNER

(Name of Person)

at

904

287-8699

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
03 SEP 24 PM 12:58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEAT expectations, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1068 NATURE'S HAMMOCK RD. S.
JACKSONVILLE, FL 32259

Mailing Address:

1068 NATURE'S HAMMOCK RD. S.
JACKSONVILLE, FL 32259

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

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

LYNDA TURNER

Name

1068 NATURE'S HAMMOCK RD. S.

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

JACKSONVILLE, FL 32259

City, State, and 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 608, F.S..

Lynda Turner

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

LYNDA TURNER MGR

LYNDA TURNER
1068 NATURE'S HAMMOCK RD. S
JACKSONVILLE, FL 32259

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lynda Turner

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LYNDA TURNER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

160.00