

L05000021895

(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:

Name
Availability

Document

Examiner

DCC

Updater

DCC

Updater
Verifier

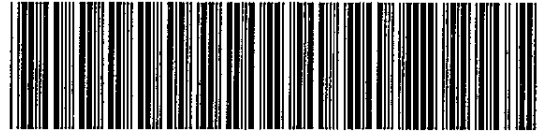
DCC

Acknowledgement

DCC

P. P. Verifier

DCC



600047021676

03/02/05--01010--002 **130.00

FORM-2 A-0-20
03/02/05 11:11
03/02/05 11:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy Shack Designs 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:

Kelly N Warren
(Name of Person)

Happy Shack Designs LLC
(Firm/Company)

5352 Heckscher Drive
(Address)

Jacksonville, FL 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly N Warren at (904) 705-8440
(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)

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

14-00000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Happy Shack Designs LLC

ARTICLE II - Address:

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

Principal Office Address:

5352 Heckscher Drive
Jacksonville, FL 32226

Mailing Address:

5352 Heckscher Drive
Jacksonville, FL 32226

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

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

Kelly N Warren

Name

5352 Heckscher Drive

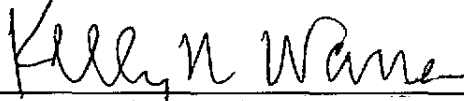
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32226

FL

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..



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:

MGR

Kelly N Warren

5352 Heckscher Drive

Jacksonville FL 32226

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kelly N Warren
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.)

Kelly N. Warren
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)**

FILED
JAN 20 2020
CLERK OF DISTRICT COURT
JAN 20 2020
JAN 20 2020