

LO6000043875

00789-00524-00671

LC NOT INC-forms

Darron McNeil
(Requestor's Name)

1246 Nicholson St
(Address)

(Address)

Clearwater, FL 33755
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

4/25

FL LC

Office Use Only



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TELETYPE UNIT

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106-17140



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2006

DARRON MCNEIL
1246 NICHOLSON ST
CLEARWATER, FL 33755

SUBJECT: P.U.T.T.Y., LLC
Ref. Number: W06000017140

We have received your document for P.U.T.T.Y., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to file a Limited Liability Company, the form submitted is for a Corporation.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 406A00024439

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.U.T.T.Y. "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:

DARRON McNEIL
(Name of Person)
P.U.T.T.Y.
(Firm/Company)
1246 NICHOLSON STREET
(Address)
CLEARWATER FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

DARRON McNEIL at (727) 3851940
(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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*\$125.00 payment WAS
ALREADY RECEIVED. An
Additional \$35.00 payment
IS ENCLOSED TO EQUAL THE
Above Amount.*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.U.T.T.Y. "LLC"

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1246 Nicholson STREET
CLEARWATER FL
33755

Mailing Address:

SAME

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.)

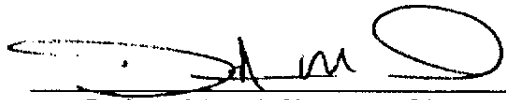
The name and the Florida street address of the registered agent are:

DARRON MCNEIL
Name

1246 Nicholson STREET
Florida street address (P.O. Box NOT acceptable)

CLEARWATER FL 33755
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 (REQUIRED)

(CONTINUED)

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FILED
06 APR 25 PM 12:35
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

CHARLES JAMES
1246 NICHOLSON STREET
CLEARWATER FL 33755

MGR

JASON OLIVER
15031 MEADOWLAKE STREET
ODESSA FL 33556

MGR

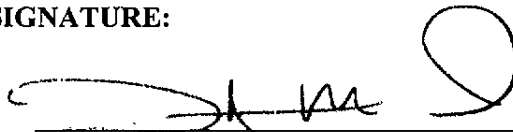
DARRON MCNEIL
1246 NICHOLSON STREET
CLEARWATER FL 33755

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

REQUIRED SIGNATURE:



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.)

DARRON MCNEIL

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)