

LD7000004006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

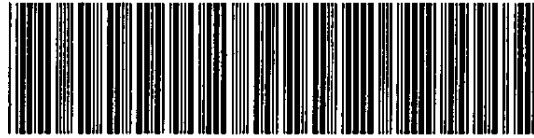
(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:
07 JAN 10 PM 3:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2006

CAROLINA NELSON
PO BOX 17201
JACKSONVILLE, FL 32245

SUBJECT: CAMELOT ENTERPRISES LLC
Ref. Number: W06000054232

We have received your document for CAMELOT ENTERPRISES 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 406A00071524

COVER LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: CAMELOT ENTERPRISES 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:

CAROLINA NELSON

(Name of Person)

CAMELOT ENTERPRISES LLC

(Firm/Company)

3710 SPRING PARK ROAD

(Address)

JACKSONVILLE, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA NELSON

at (904) 813-3097

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee
& Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee
& Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CAMELOT ENTERPRISES LLC 41-2218632
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAMELOT ENTERPRISES 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:

Mailing Address:

CAMELOT ENTERPRISES LLC

3710 SPRING PARK ROAD

JACKSONVILLE, FL 32207

CAMELOT ENTERPRISES LLC

3740 SPRING PARK ROAD

JACKSONVILLE, FL 32207

P.O. Box 17201

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:

CAROLINA NELSON

Name

3710 SPRING PARK ROAD

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

JACKSONVILLE

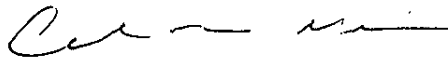
FL 32207

City, State, and Zip

07 JAN 10 PM 3:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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)

Page 1 of 2

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


CAROLINA NELSON

3710 SPRING PARK ROAD

JACKSONVILLE, FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2007 . (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.)

CAROLINA NELSON

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)