

L08000029501

(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



800118904828

Effective Date 03/21/08

02/29/08--01025--005 **125.00

W08-11007
J. BRYAN MAR - 3 2008

J. BRYAN

MAR 25 2008

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2008

MARY M. MCCAMBRIDGE
M4 LLC
657 SMOKERISE BOULEVARD
LONGWOOD, FL 32779

SUBJECT: M4 LLC
Ref. Number: W08000011007

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We have received your document for M4 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P06000122336, M4 INC..

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 308A00013120

Mary M. McCambridge
657 Smokerise Boulevard
Longwood, FL 32779
407 741 3700

March 20, 2008

Mr. Joey Bryan
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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RE: Original Registration for M4 LLC

Dear Mr. Bryan,

It was a pleasure to speak with you today. Thanks for your help in determining that Our Peaceful Place LLC was indeed available.

Enclosed please find my newest application for Our Peaceful Place LLC in place of M4 LLC which you deemed unavailable because another individual still has a hold on this name.

Consequently, please use my already cashed check of \$125.00 toward Our Peaceful Place LLC, necessary documents enclosed.

If you have any further questions, please call me at 407 741 3700.

Best Regards,



Mary M. McCambridge

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OUR PEACEFUL PLACE 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:

MARY M. McCAMBRIDGE
(Name of Person)

OUR PEACEFUL PLACE
(Firm/Company)

657 SMOKERISE BOULEVARD
(Address)

LONGWOOD, FL 32779
(City/State and Zip Code)

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For further information concerning this matter, please call:

MARY M. McCAMBRIDGE at (407) 741-3700
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OUR PEACEFUL PLACE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

657 SMOKERISE BOULEVARD
LONGWOOD, FL 32779

657 SMOKERISE BOULEVARD
LONGWOOD, FL 32779

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:

Effective Date 03/21/08

MARY M. McCAMBRIDGE

Name

657 SMOKERISE BOULEVARD

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

LONGWOOD FL 32779

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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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:

MGRM

MARY M. McCAMBRIDGE
657 SMOKERISE BOULEVARD
LONGWOOD, FL 32779

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-21-08 (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.)

MARY M. McCAMBRIDGE
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)

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