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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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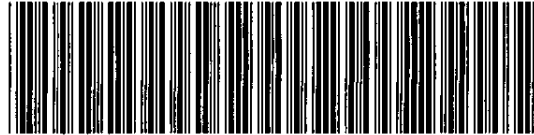
(Business Entity Name)

(Document Number)

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08 MAY 27 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O'Brien MAY 27 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIRANDA ANASTASHIA PHILPOT  
(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:

MIRANDA ANASTASHIA PHILPOT  
(Name of Person)

MIRANDA ANASTASHIA PHILPOT  
(Firm/Company)

1108 SW 5<sup>th</sup> STREET  
(Address)

LIVE OAK FL 32064  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIRANDA A. PHILPOT at (386) 209-3726  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2008

MIRANDA ANASTASHIA PHILPOT  
1108 SW 5TH STREET  
LIVE OAK, FL 32064

SUBJECT: MIRANDA ANASTASHIA PHILPOT LLC  
Ref. Number: W08000015091

We have received your document for MIRANDA ANASTASHIA PHILPOT 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):

List the name of the Manager or Managing Member in Article IV.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 408A00017358

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MIRANDA ANASTASHIA PHILPOT 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:

1108 SW 5<sup>th</sup> STREET  
LIVE OAK FL 32064

#### Mailing Address:

1108 SW 5<sup>th</sup> STREET  
LIVE OAK FL 32064

### 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:

MIRANDA A PHILPOT  
Name

1108 SW 5<sup>th</sup> STREET  
Florida street address (P.O. Box NOT acceptable)

LIVE OAK FL 32064  
City, State, and Zip

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TALLAHASSEE FLORIDA

*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..*

Miranda A. Philpot  
Registered Agent's Signature (REQUIRED)

(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

MGR

**Name and Address:**

Miranda A. Philpot

1108 SW 5TH STREET

LIVE OAK FL 32064

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FILING DATE. (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:**

Miranda A. Philpot

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.)

MIRANDA A PHILPOT

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 27 PM 3:12

FILED

**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)