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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Helen & Harold's, 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:

Chelsey L. Seawell

Name of Person

Helen & Harold's, LLC

Firm/Company

P.O. Box 4900

Address

Seaside, Florida 32459

City/State and Zip Code

info@helenandharolds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsey L. Seawell

Name of Person

at (904) 472-4730

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:

Helen & Harold's, LLC

Article II - Address:

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

Mailing Address:

P.O. Box 4900, Seaside, FL, 32459

Street Address:

309 East Ruskin Place, Seaside, FL, 32459

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

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

Chelsey L. Seawell

Name

231 Somerset Bridge Road #2310, Santa Rosa Beach, FL 32459

Florida Street address (P.O. Box NOT acceptable)

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.

Chelsey L. Seawell
Registered Agent's Signature

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Article IV - Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Chelsey L. Seawell

231 Somerset Bridge Rd #2310, Santa Rosa Beach, FL
32459

MGRM

Chaney A. Seawell

1526 Barquentine Dr, Mt. Pleasant, SC 29464

Article V: Effective Date:

Effective date is the date of filing.

(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.)

Chelsey L. Seawell

Typed or printed name of signee

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