

L09000080381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 AUG 18 AM 8:37

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209-31774



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

MICHAEL MORGAN
4916 SW 163RD AVE
MIRAMAR, FL 33027

SUBJECT: CLAUDMIKE, LLC
Ref. Number: W09000031774

We have received your document for CLAUDMIKE, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00026032



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 28 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

July 10, 2009

**MICHAEL MORGAN
4916 SW 163RD AVE
MIRAMAR, FL 33027**

**SUBJECT: CLAUDMIKE, LLC
Ref. Number: W09000031774**

We have received your document for CLAUDMIKE, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the information and fees to form a Florida Profit Corporation instead of a Florida Limited Liability Company. To rectify this situation, you must send in the correct paperwork for the Limited Liability Company. The Articles of Organization are enclosed for your convenience.

Please return the corrected original and one copy of 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) 245-6855.

**Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section**

Letter Number: 909A00023694

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLAUDMIKE, 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:

CLAUDIA MORGAN

Name of Person

Firm/Company

4916 SW 163RD AVE

Address

MIRAMAR, FL 33027

City/State and Zip Code

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

For further information concerning this matter, please call:

LEN JOHNSON

Name of Person

at (**305**)

655-0013

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:

CLAUDMIKE, 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

Principal Office Address:

4916 SW 163RD AVE
MIRAMAR, FL 33027

Mailing Address:

4916 SW 163RD AVE
MIRAMAR, FL 33027

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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:

CLAUDIA MORGAN

Name

4916 SW 163RD AVE

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

MIRAMAR 33027 FL

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)

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:

MGMR

MICHAEL MORGAN

4916 SW 163RD AVE

MIRAMAR, FL 33027

MGR

CLAUDIA MORGAN

4916 SW 163RD AVE

MIRAMAR, FL 33027

(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.)

CLAUDIA MORGAN

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)