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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

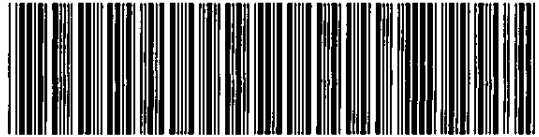
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2009 NOV -5 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 6 2009

EXAMINER

Karen J. Prevatt, P. A.
ATTORNEY AT LAW
137 SOUTH PEBBLE BEACH BOULEVARD
SUITE 102
SUN CITY 1787CENTER, FLORIDA 33573

TELEPHONE (813) 634-1750

TELECOPIER (813) 634-1787

November 3, 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Luke Lloyd, LLC

Dear Sir:

Documentation along with my check number 1094 in the amount of \$155.00 is enclosed for the filing fee and certified copy for registration of the referenced limited liability company.

Thank you in advance for your assistance with this matter.

Very truly yours,


Karen J. Prevatt

KP/nl

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luke Lloyd, 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:

Karen J. Prevatt
Name of Person

Karen J. Prevatt, PA
Firm/Company

137 S. Pebble Beach Blvd. Suite 102
Address

Sun City Center, Florida 33573
City/State and Zip Code

KPrevatt@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen J. Prevatt at (813) 634-1830
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:

Luke Lloyd, 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:

819 Freedom Plaza Circle #207
Sun City Center, FL
33573

819 Freedom Plaza Circle #207
Sun City Center, FL 33573

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:

Karen J. Prevatt

Name

137 S. Pebble Beach Blvd. Suite 102

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

Sun City Center FL 33573

City, State, and Zip

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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..

Karen J. Prevatt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

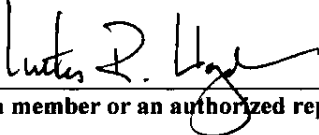
Luther R. Lloyd
819 Freedom Plaza Circle # 207
Sun City Center, FL 33573

(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.)

Luther R. Lloyd

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)