

LD9000122107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

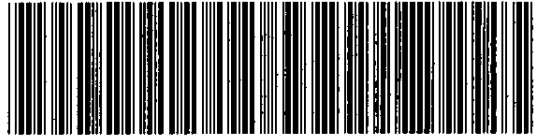
Special Instructions to Filing Officer:

L. SELLERS

DEC 29 2009

EXAMINER

Office Use Only



100163937781

12/28/09--01035--019 **130.00

FILED
09 DEC 28 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Massey Sabella, 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:

Timmy Massey
Name of Person

Massey Sabella, LLC.
Firm/Company

273 wilderness way
Address

santa rosa beach, FL 32459
City/State and Zip Code

t.massey@mac.com w.sabella@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

timmy massey 850 - 294-4404
bill sabella at (850) 591-3379
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:

Massey Sabella, 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:

273 wilderness way
santa rosa beach, FL
32459

Mailing Address:

po box 4613
santa rosa beach, FL
32459

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:

tammy massey
Name
273 wilderness way
Florida street address (P.O. Box **NOT** acceptable)
santa rosa bch. FL 32459
City, State, and Zip

FILED
09 DEC 28 AM 8:11
SECRETARY OF STATE
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..

Tammy Massey
Registered Agent's Signature (REQUIRED)

I am familiar with and accept the obligations of the position.

(CONTINUED)

Tammy Massey

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:

MGR

Bill Sabella
P.O. Box 4613
273 Wilderness Way
Santa Rosa Beach, FL
32459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/20/09 (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] for Bill Sabella
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.)

Tammy Massey for Bill Sabella
Typed or printed name of signer

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)

FILED
09 DEC 28 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA