

L10000028444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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T. CLINE

MAR 15 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 12 PM 2:24

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Rec'd 3/12/10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: In Like Flynn 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:

Michael Flynn

Name of Person

In Like Flynn LLC

Firm/Company

947 Ocean Place

Address

Vero Beach, FL 32943

City/State and Zip Code

inlikeflynn@bellsouth.net

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

For further information concerning this matter, please call:

Jacqueline Flynn

Name of Person

at (772) 321-5535

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

RECEIVED
2010 MAR 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

In Like Flynn 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:

947 Ocean Place

Vero Beach, FL

32963

Mailing Address:

947 Ocean Place

Vero Beach, FL

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:

Michael Flynn

Name

947 Ocean Place

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

Vero Beach FL 32963

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.

Michael Flynn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

Michael Flynn
947 Ocean Place
Vero Beach, FL 32963

Member

Jacqueline Flynn
947 Ocean Place
Vero Beach, FL 32963

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3.9.10 (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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Michael L Flynn

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.)

Michael L Flynn

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)