

L10000031661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2010 MAR 22 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 23 2010

EXAMINER

14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I Love My Height, 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:

Debbie McCord
Name of Person
I Love My Height
Firm/Company
12343 Lavender Loop
Address
Bradenton, FL 34212
City/State and Zip Code
DebbieAMcCord@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie McCord at 941 962-8803
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:

I Love My Height, 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:

12343 Lavender Loop
Bradenton, FL 34212

Mailing Address:

12343 Lavender Loop
Bradenton, FL 34212

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.)

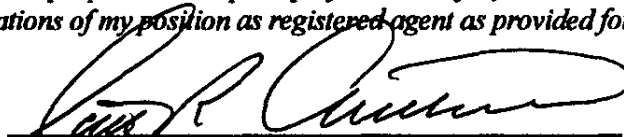
The name and the Florida street address of the registered agent are:

Scott R. Christiansen
Christiansen & Dehner, P.A.
63 Sarasota Center Blvd, Suite 107
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FL 34240
City, State, and Zip

2010 MAR 22 PM 12:53
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TALLAHASSEE, FLORIDA

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

2010 MAR 22 PM 12: 53

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Debbie McCord

12343 Lavender Loop
Bradenton, FL. 34212

MGRM

Kristin Carde

2205 Allwood Ave.
Valrico, FL. 33596

MGRM

Anna McCord

12343 Lavender Loop
Bradenton, FL. 34212

MGRM

Jessica McCord

12343 Lavender Loop
Bradenton, FL. 34212

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-15-10 (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.)

REQUIRED SIGNATURE:

Debbie McCord

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.)

Debbie McCord

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)