

40000033996

(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:

W10-11568

Office Use Only

EFFECTIVE DATE

3/24/10



400171218114

03/05/10--01023--023 **125.00

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10 MAR 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 29 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2010

MEL LIVINGSTON
12 ELLIS VAN VLEET STREET
APALACHICOLA, FL 32320

SUBJECT: MEL LIVINGSTON, LLC
Ref. Number: W10000011568

We have received your document for MEL LIVINGSTON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 5, 2010. Please amend your document accordingly.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00005645

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TALLAHASSEE
FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mel Livingston, 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:

Mel Livingston
Name of Person

Mel Livingston, LLC.
Firm/Company

12 Ellis Van Vleet Street
Address

Apalachicola, FL 32320
City/State and Zip Code

leeannepoloronis@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mel Livingston at (**850**) **653-2712**
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 26 PM 2:16

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mel Livingston, 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:

12 Ellis Van Vleet Street
Apalachicola, FL 32320

12 Ellis Van Vleet Street
Apalachicola, FL 32320

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:

Mel Livingston

Name

12 Ellis Van Vleet Street

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

Apalachicola 32320 FL

City, State, and Zip

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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 3/26/10

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

Mei Livingston

12 Ellis Van Vleet Street

Apalachicola, FL 32320

(Use attachment if necessary)

MARCH 26, 2018 *MLP*

ARTICLE V: Effective date, if other than the date of filing: ~~4/26/2018~~ (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:

Mei Livingston

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.)

Mei Livingston

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)

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TALLAHASSEE, FLORIDA