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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 1 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Plum Living Support, 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:

Anne B Davis

Name of Person

Plum Living Support, LLC

Firm/Company

7334 Bowden Cir. S.

Address

Jacksonville, FL, 32216-6211

City/State and Zip Code

plumlivingsupport@gmail.com

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

For further information concerning this matter, please call:

Anne B Davis

Name of Person

at (904)

614-4823

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:

Plum Living Support, 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:

7334 bowden Cir. S.
Jacksonville, FL, 32216-6211

Mailing Address:

7334 bowden Cir. S.
Jacksonville, FL, 32216-6211

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:

Anne B Davis

Name

7334 Bowden Cir. S.

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

Jacksonville FL 32216-6211

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..

Anne B. Davis

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:

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas R Davis

7334 Bowden Cir S

Jacksonville, FL, 32216-6211

MGRM

Anne B Davis

7334 Bowden Cir S

Jacksonville, FL, 32216-6211

MGRM

Geraldine M Bagshaw

4000 Grande Vista Blvd. #136

St. Augustine, FL, 32089-1244

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 29, 2010. (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:

Anne B Davis

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.)

Anne B Davis

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)