

L100000087/35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

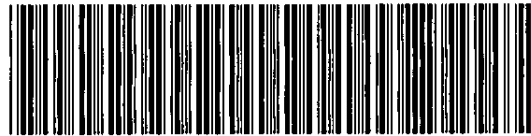
Special Instructions to Filing Officer:

WA 32558
A. LUNT

AUG 19 2010

EXAMINER

Office Use Only



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08/19/10--01020--025 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 18 PM 12:34

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

SUSAN D. OXENDINE
P.O. BOX 272116
TAMPA, FL 33688-2116

SUBJECT: ALCHEMY FACILITIES MANAGEMENT, LLC
Ref. Number: W10000032558

We have received your document for ALCHEMY FACILITIES MANAGEMENT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

The articles of organization were not received with the cover letter and check.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 210A00016776

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alchemy Facilities Management, 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:

Susan D. Oxendine

Name of Person

Alchemy Facilities Management, LLC

Firm/Company

PO Box 272116

Address

Tampa, Florida 33688-2116

City/State and Zip Code

alchemy.sue@gmail.com

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

For further information concerning this matter, please call:

Susan D. Oxendine

Name of Person

at (813) 507-8591

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:

Alchemy Facilities Management, 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:

13760 orange Sunset Drive, Unit 201
Tampa, FL 33618

Mailing Address:

PO Box
Tampa, FL 33688-2116

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:

Steve Minotakis

Name

1717 Regal Mist Loop

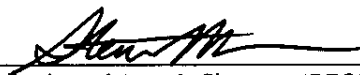
Florida street address (P.O. Box **NOT** acceptable)

Trinity

FL 34655

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Sue D. Oxendine

13760 orange Sunset Drive, Unit 201

Tampa, FL 33618

2010 AUG 18 PM 12:34
CLERK OF COURT
HILLSBORO COUNTY, FLORIDA

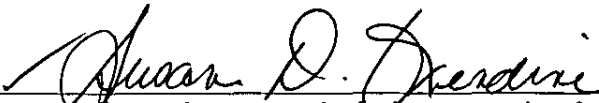
FILED

(Use attachment if necessary)

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

SUSAN D. Oxendine
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)