

L10000108315

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10 OCT 15 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sharp Pageantry 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:

Nan Sharp
Name of Person
Sharp Pageantry LLC
Firm/Company
319 SW Buttercup DR
Address
Lake City FL 32024
City/State and Zip Code
Nan.sharp@yahoo.com
E-mail address: (to be used for future annual report notification)

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10 OCT 15 AM 11:46
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nan Sharp at (386) 344-4137
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:

Sharp PAGEENTRY 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:

319 SW Buttercup Cir Pr
LAKE CITY FL 32024

Mailing Address:

319 SW Buttercup Pr
LAKE CITY FL 32024

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:

Nan Sharp

Name

319 SW Buttercup Pr

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

LAKE CITY FL 32024

City, State, and Zip

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OCT 15 AM 11:44
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.

Nan Sharp

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

Nan Sharp
319 SW 18th Ave
Lake City FL 32026

(Use attachment if necessary)

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

Nan Sharp
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.)

Nan Sharp
Typed or printed name of signer

FILED
10 OCT 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)