

L10000131663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

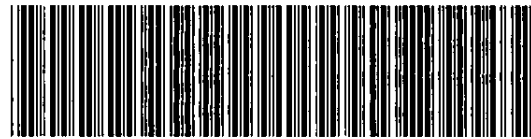
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 27 PM 3:54

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J. SAULSBERRY
EXAMINER

DEC 28 2010

BRENNAN, MANNA & DIAMOND
ATTORNEYS & COUNSELORS AT LAW

BONITA SPRINGS OFFICE
3301 Bonita Beach Road, Suite 100
Bonita Springs, Florida 34134
Telephone 239-992-6578
Facsimile 239-992-9328

AKRON OFFICE
75 East Market Street
Akron, Ohio 44308
Telephone 330-253-5060
Facsimile 330-253-1977

JACKSONVILLE OFFICE
800 West Monroe Street
Jacksonville, Florida 32202
Telephone 904-366-1500
Facsimile 904-366-1501

Shannan L. Mullenix
Phone: (330) 253 – 5060 ext. 159
Fax: (330) 253 – 1977
slmullenix@bmdllc.com

VIA FEDEX DELIVERY
Tracking No.: 794258182290

December 23, 2010

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Signet Haskell, LLC

Dear Sir or Madam:

Enclosed please find the FL Articles of Organization filing for the above-referenced entity, along with the check in the amount of \$125.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,



Shannan L. Mullenix
Paralegal

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TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Signet Haskell, 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:

Shannan L. Mullenix

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 East Market Street

Address

Akron, Ohio 44308

City/State and Zip Code

slmullenix@bmdllc.com

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

For further information concerning this matter, please call:

Lee S. Walko

Name of Person

at (330)

253-2748

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signet Haskell, 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:

800 West Monroe Street
Jacksonville, FL 32202

Mailing Address:

800 West Monroe Street
Jacksonville, FL 32202

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:

BMD Florida Service, LLC

Name

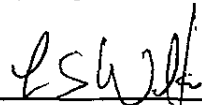
800 West Monroe Street

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

Jacksonville FL 32202

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 _____

Signet Development, Ltd.

800 West Monroe Street

Jacksonville, FL 32202

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lee S. Walko

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)