

L11000013162

(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:

Office Use Only



400192283094

01/31/11--01025--005 **125.00

FILED
11 JAN 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB -1 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Records, 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:

Mr. Leroy McCleendon
Name of Person

FULL Circle Records, LLC.
Firm/Company

204 Dublin Drive
Address

LAKE Mary, FL. 32746
City/State and Zip Code

billyboy1955@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Leroy McCleendon at (407) 687-6086
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

FILED
11 JAN 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Full Circle Records, 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:

204 Dublin Drive
LAKE Mary, FL 32746

Mailing Address:

204 Dublin Drive
LAKE Mary, FL 32746

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:

Mr. Leroy McCendon

Name

204 Dublin Drive

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

LAKE Mary FL 32746

City, State, and Zip

FILED
11 JAN 31 PM 4:06
SECRETARY OF STATE
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..

Leroy McCendon
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

Name and Address:

MGR

HEZEKIAH W. Johnson
3974 Crayrich Cir
Orlando FLA. 32839

MGR

JOE L. NICHOLS
407 WEST HUBBARD AVE.
DELAND, FL. 32720

MGR

LEROY J. McCLENDON
204 Dublin Dr
Lake Mary, FL 32746

MGR

BONITA D. McCLENDON
204 Dublin Dr
Lake Mary, FL 32746

(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:

James Watkins

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.)

JAMES WATKINS

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)

FILED
11 JAN 31 PM 4:06
SECRETARY 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:

MGR

JAMES WATKINS
1543 NEW AMSTERDAM WAY
ORLANDO, FL. 32818

(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:

James Watkins
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 Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMES WATKINS
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)

FILED
11 JAN 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA