

L11000061332

(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:

L. SELLERS

MAY 25 2011

EXAMINER

~~WILL 25224~~

Office Use Only



300205759133

05/02/11--01004--007 **125.00

FILED
11 MAY 2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ATLANTIC BUSINESS CREDIT, 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:

ALEXIS DAUGAARD

Name of Person

ATLANTIC BUSINESS CREDIT

Firm/Company

1865 NE DIXIE HWY

Address

JENSEN BEACH, FL 34957

City/State and Zip Code

alexis@atlanticbusinesscredit.com

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

For further information concerning this matter, please call:

ALEXIS DAUGAARD

Name of Person

at (**772**) **283-9664**

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



May 17, 2011

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: ATLANTIC BUSINESS CREDIT, LLC
Ref No. W11000025224

Dear Ms. Sellers,

I received your letter dated 5/5/11 in regards to why our LLC filing was rejected. The existing entities that either have the same or similar names all have the same principals. Those are:

Atlantic Business Credit Corporation
Atlantic Business Credit (Fictitious Name)

This new filing is for the same company and the same principals, just as an LLC. I am returning the letter and the articles I filed so you may complete the filing process.
Please advise if you need additional information.

Thank you,

Alexis Daugaard
Atlantic Business Credit
772-283-9664 x304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

ALEXIS DAUGAARD
1865 NE DIXIE HWY
JENSEN BEACH, FL 34957

SUBJECT: ATLANTIC BUSINESS CREDIT, LLC
Ref. Number: W11000025224

We have received your document for ATLANTIC BUSINESS CREDIT, 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):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 311A00011100

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC BUSINESS CREDIT, 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:

1865 NE DIXIE HWY
JENSEN BEACH, FL 34957

Mailing Address:

1865 NE DIXIE HWY
JENSEN BEACH, FL 34957

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:

ALEXIS DAUGAARD

Name


1865 NE DIXIE HWY

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

JENSEN BEACH FL 34957

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)

FILED
11 MAY 2 PM 12:40
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:

MGRM

JOEL RONAN

1865 NE DIXIE HWY

JENSEN BEACH, FL 34957

MGRM

JANA RONAN

1865 NE DIXIE HWY

JENSEN BEACH, FL 34957

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-28-2011. (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.)

JANA RONAN

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)