

L11000097648

Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

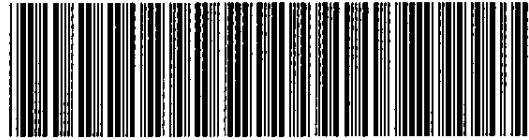
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600210753166

08/08/11--01022--010 \*\*125.00

FILED  
2011 AUG 24 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 25 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2011

LAWRENCE D. WINSON, ATTORNEY AT LAW  
140 4TH AVE WEST  
SUITE 102  
HENDERSONVILLE, NC 28792 US

SUBJECT: SAFE HARBOR BUSINESS SOLUTIONS, LLC  
Ref. Number: W11000041598

We have received your document for SAFE HARBOR BUSINESS SOLUTIONS, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 011A00018698

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFE HARBOR BUSINESS SOLUTIONS, 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:

Lawrence D. Winson

Name of Person

Lawrence D. Winson, Attorney At Law

Firm/Company

140 4th Avenue West, Suite 102

Address

Hendersonville, NC 28792

City/State and Zip Code

winsonlaw@winsonlaw.com

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

For further information concerning this matter, please call:

Lawrence D. Winson

Name of Person

at ( 828 ) 693-4939

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

LAWRENCE D. WINSON, Attorney-At-Law  
140 4<sup>th</sup> Avenue West, Suite 102 ♦ Hendersonville, NC 28792 ♦ USA  
♦ Fax (828) 693-4858 ♦ Local (828) 693-4939 ♦ E-mail [winsonlaw@winsonlaw.com](mailto:winsonlaw@winsonlaw.com) ♦  
Bar Memberships: Florida and North Carolina

August 22, 2011

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **SAFE HARBOR BUSINESS SOLUTIONS, LLC**  
**ARTICLES OF ORGANIZATION**

Dear Ms. Lewis:

This is in response to your letter of August 9, 2011.

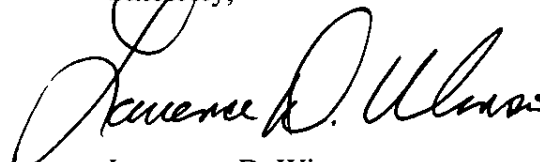
As you will see, we have corrected the principle office address as requested. Accordingly, please find the following documents enclosed:

1. Your Letter; and
2. The original and a conformed copy of the Articles of Organization.

Assuming that the enclosed is responsive to your request, please file the Articles and return a "filed" copy to this Office.

Please contact this Office in the event you require any additional information. Thank you for your assistance.

Sincerely,



Lawrence D. Winson

LDW/jbw

Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**SAFE HARBOR BUSINESS SOLUTIONS, 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:

213 Mahogany Bay Drive

St. Johns, FL 32259-6951

### Mailing Address:

P.O. Box 600122

Jacksonville, FL 32260-0122

## 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:

JAMES A. FRANK

Name

213 Mahogany Bay Drive

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

St. Johns, FL 32259-6951

FL

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)

2011 AUG 24 AM 11:07  
SECRETARY OF STATE  
ALACHUA COUNTY, FLORIDA

FILED

FILED

2011 AUG 24 AM 11:07

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

James A. Frank

P.O. box 800122

Jacksonville, FL 32260

MGRM

Claire Frank

P.O. Box 800122

Jacksonville, FL 32260

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

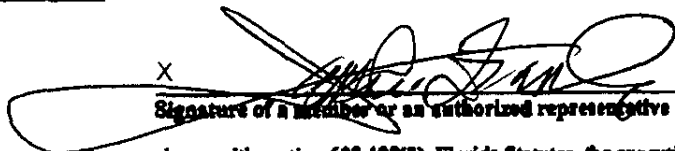
\_\_\_\_\_

(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:**

X   
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 A. Frank

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)