

L11000125928

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status _____

Special Instructions to Filing Officer:

? effective

511A00025159

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900213166269

Effective Date 10-16-11

10/17/11--01006--026 **125.00

FILED

2011 OCT 17 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 04 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amanda Michelle Culbreth
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:

Amanda Culbreth
Name of Person

Amanda M. Culbreth LLC
Firm/Company

4631 Lincoln Street
Address

Lk. Wales, Fla. 33859
City/State and Zip Code

Keyvonta @ Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Culbreth at (863) 255-6719
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

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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:

Amanda M. Culbreth 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:

Mailing Address:

4631 Lincoln ST.
Lk. Wales, Fla 33859

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:

Amanda Culbreth
Name

4631 Lincoln ST.
Florida street address (P.O. Box **NOT** acceptable)
Lk. Wales FL 33859
City, State, and Zip

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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..

Amanda
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:

Amanda Culbreth
9631 Lincoln St.
St. Louis, Mo 63125

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 17 AM 8:05

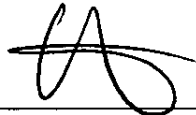
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-16-11 (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:

Amanda Culbreth 
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.817.163, F.S.)

Amanda Culbreth
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)