

11000132644

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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10/24/11--01014--022 **130.00

FILED
11 NOV 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 15, 2011

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: L10000010631
Sweet Ashley Rae's LLC

Please consider this letter as notification that I have no intention of reinstating the LLC license No. L10000010631 and would like to release the name, Sweet Ashley Rae's LLC, associated with that number.

Please contact me at 407 654 4004 with any questions.

Thank you,

A handwritten signature in black ink, appearing to read "Pamela D. Harper". The signature is fluid and cursive, with the first name "Pamela" being more prominent and the last name "Harper" following in a similar style.

Pamela D. Harper
Sweet Ashley Rae's
31 S. Main Street, Suite C
Winter Garden, FL 34787

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sweet Ashley Rae's 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:

Pamela D Harper

Name of Person

Sweet Ashley Rae's LLC

Firm/Company

31 S. Main Street, Suite C

Address

Winter Garden, FL 34787

City/State and Zip Code

sweetashley@centurylink.net

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

For further information concerning this matter, please call:

Pamela D Harper

Name of Person

at (407) 654-4004

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sweet Ashley Rae's 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:

31 S. Main Street, Suite C
Winter Garden, FL 34787

Mailing Address:

31 S. Main Street, Suite C
Winter Garden, FL 34787

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:

Pamela D Harper

Name

316 Hormigas Street

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


Ocoee

FL 34761

City, State, and Zip

FILED
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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..



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:

MGRM

Pamela D Harper

316 Hormigas Street

Ocoee FL 34761

(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.)

Pamela D Harper

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)