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J. BRYAN:

EXAMINE

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Women with Momentur	n, LLC
	d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Shannon Bolan	
	Name of Person
Women with Momentum, L	LC For E
	Firm/Company
368 Willow Green Drive	B 22 HASS
	Address
Orange Park, FL 32073	Address EE C S S S S S S S S S S S S S S S S S
City. barbarasandridge@bellsouth.net	State and Zip Code
	r future annual report notification)
For further information concerning this matter, please	call:
Barbara Sandridge	at (404 ) 694-4647
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

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The name of the Limited Liability Company is:

## Women with Momentum, 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:	
368 Willow Green Drive	368 Willow Green Drive	
Orange Park, FL 32073	Orange Park, FL 32073	

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:

Shannon Bolan	
	Name
368 Willow G	reen Drive
Florida st	reet address (P.O. Box NOT acceptable)
Orange Park	<sub>FL</sub> 32073
	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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Barbara T. Sandridge
	PO Box 1023
	Name and Address:  Barbara T. Sandridge PO Box 1023 Ponte Vedra Beach, FL 32004
Member	Shannon Bolan
	368 Willow Green Drive
	Orange Park, FL 32073
(Use attachment if necessary)	
•	e date of filing: (OPTIONAL) be specific and cannot be more than five business days

(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.)

Barbara T. Sandridge

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)