

L12000027094

(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



200222786322

02/24/12--01017--012 \*\*125.00

EFFECTIVE DATE 02-21-12

FILED  
12 FEB 24 PM 12:18  
S. C. J. H. J. STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 27 2012

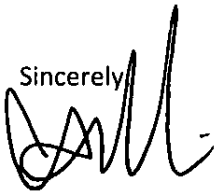
EXAMINEE

February 21, 2012

To Whom It May Concern:

I have no intentions of using Amanda Vail PA. Please dissolve completely and release my name to use for the LLC (Amanda Vail LLC). Thanks again for your help!

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda L Vail', written over the word 'Sincerely,'.

Amanda L Vail

6:11 PM  
12 FEB 24 PM 12:18  
LEGISLATIVE STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amanda Vail 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:

Amanda Vail

Name of Person

Amanda Vail LLC

Firm/Company

PO Box 352393

Address

Palm Coast, Florida 32135

City/State and Zip Code

amandalvail@yahoo.com

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

For further information concerning this matter, please call:

Amanda Vail

Name of Person

at ( 386 ) 931-3667

Area Code & Daytime Telephone Number

FILED  
12 FEB 24 PM 12:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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:

Amanda Vail 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:

152 Bayside Drive  
Palm Coast, Florida 32137

#### Mailing Address:

PO Box 352393  
Palm Coast, Florida 32135

### 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 L Vail

Name

152 Bayside Drive

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

Palm Coast FL 32137

City, State, and Zip

12 FEB 24 PM 12:18  
711 EDD  
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:**

MGR

Amanda L Vail

PO Box 352393

Palm Coast, Florida 32135

RECEIVED  
FLORIDA  
STATE

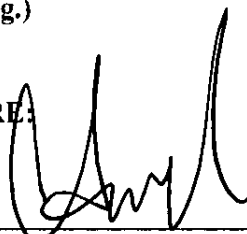
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/21/2012 (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.)

Amanda L Vail

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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2012

AMANDA VAIL  
POST OFFICE BOX 352393  
PALM COAST, FL 32135

SUBJECT: AMANDA VAIL LLC  
Ref. Number: W12000009993

We have received your document for AMANDA VAIL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P07000096741,

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 17, 2012. Please amend your document accordingly.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 212A00007498