

L12000032528

(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

G. MCLEOD

MAR - 7 2012

EXAMINER



700216099727

01/06/12 -- 01019 -- 024 **160.00

*Mar Sign
Eff date*

FILED
12 MAR - 6 PM 12:24
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

L12-1883



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2012

CURTIS L SHERROD
2016 SW PRUITT STREET
PORT ST LUCIE, FL 34953

SUBJECT: GIVE ME YOUR WORST ONES!!! CONSTRUCTION LLC
Ref. Number: W12000001883

We have received your document for GIVE ME YOUR WORST ONES!!! CONSTRUCTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 712A00000721

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

Subject: Give Me Your Worst Ones!!! Consultation LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Curtis L. Sherrod

Give Me Your Worst Ones!!! Consultation LLC

2016 SW Pruitt Street

Port Saint Lucie, Florida 34953

For further information concerning this matter, please call:

Curtis L. Sherrod at 561-350-5956

Street Address:

Registration Section

Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

Mailing Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32134

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the limited liability Company is:

Give Me Your Worst Ones!!! Consultation LLC

Article II-Address:

Principal Office Address:

2016 SW Pruitt Street,

Port Saint Lucie, Florida 34953

Mailing Address:

2016 SW Pruitt Street,

Port Saint Lucie, Florida 34953

Article III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Curtis L. Sherrod

Name

2016 SW Pruitt Street

Florida street address

Port Saint Florida, 34953

City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate. I hereby accept the appointment as registered agent to act in this capacity. I further agree to comply with the provisions of all statutes relating to the complete and proper 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, Florida Statutes.



Registered Agent's Signature Effective Date: 12-31-2011

FILED
12 MAR -6 PM 12:24
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:

MGR

Curtis L. Sherrod

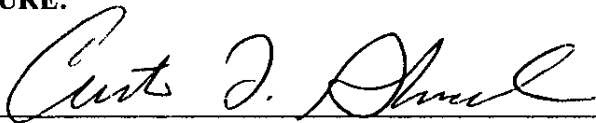
2016 SW Pruitt

Pt. St. Lucie FL, 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, ~~12-31-2011~~. (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.)

Curtis L. Sherrod

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)