

L12000047460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

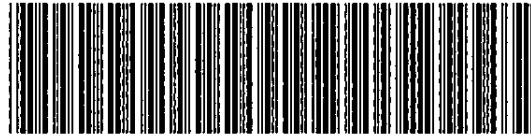
Special Instructions to Filing Officer:

APR 06 2012

L. SELLERS

~~0012 15 2012~~

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03/16/12--01006--021 **125.00

FILED
12 APR -5 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karen Celandar 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:

Karen Celandar

Name of Person

Karen Celandar Realtor

Firm/Company

3752 Tom John Lane

Address

Tallahassee FL 32309

City/State and Zip Code

karencelandar@comcast.net

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

For further information concerning this matter, please call:

Karen Celandar

Name of Person

at (850)

933-3025

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2012

KAREN CELANDER
3752 TOM JOHN LANE
TALLAHASSEE, FL 32309

SUBJECT: KAREN CELANDER LLC
Ref. Number: W12000015877

We have received your document for KAREN CELANDER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 612A00009747

March 29, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Karen Celandier LLC
Ref Number W12000015877

Please find attached my dissolution of corporation under my name, Karen Celandier Inc. I am trying to set up an LLC instead and I hope this is what you were referring to due to "same or not distinguishable from an existing entity".

Thank you and I look forward to receiving the paperwork for my LLC.

A handwritten signature in black ink, appearing to read "Karen Celandier", with a stylized, flowing script.

Karen Celandier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Karen Celandor 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:

3752 Tom John Lane
Tallahassee FL 32309

Mailing Address:

3752 Tom John Lane
Tallahassee FL 32309

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:

Karen Celandor

Name

3752 Tom John Lane

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

Tallahassee

FL 32309

City, State, and Zip

FILED
12 APR -5 AM 11:35
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:

3/ Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR _____

Karen Celandor
3752 Tom John Lane
Tallahassee FL 32309

(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.)

Karen Celandor

Typed or printed name of signer

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)