

L12000067943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

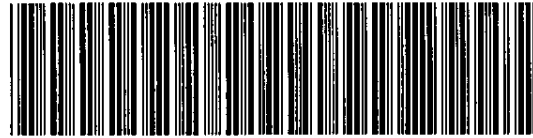
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/12--01011--0017 **130.00

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FILED
12 MAY 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 21 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2012

SAMUEL WOODBURY
304 TROPIC AVENUE
INTERLACHEN, FL 32148

SUBJECT: SAMUEL WOODBURY, LLC
Ref. Number: W12000025614

We have received your document for SAMUEL WOODBURY, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The check submitted must be made payable to the Florida Department of State.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00013836

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Samuel Woodbury, 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:

Samuel Woodbury

Name of Person

Firm/Company

304 Tropic Avenue

Address

Interlachen, FL 32148

City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel Woodbury

Name of Person

at (386) 684-2076

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:

Samuel Woodbury, 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:

304 Tropic Avenue
Interlachen, FL 32148

Mailing Address:

304 Tropic Avenue
Interlachen, FL 32148

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:

Samuel Woodbury

Name

304 Tropic Avenue

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

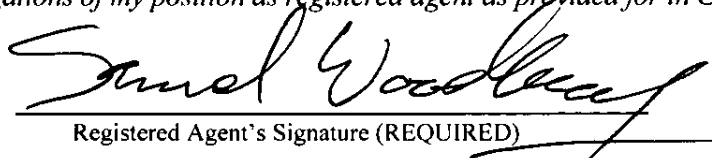
Interlachen, FL 32148

FL

City, State, and Zip

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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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Samuel Woodbury

304 Tropic Avenue

Interlachen, FL 32148

(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.)

Samuel Woodbury

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)

Affidavit

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Before me appeared Samuel Woodbury as the Managing Member of Samuel Woodbury LLC and affirms that he holds one hundred percent (100%) ownership in Samuel Woodbury, LLC.

Samuel Woodbury
Samuel Woodbury

4-25-2012
Date

Christy Bracken
Christy Bracken
Notary
Print Name: Christy Bracken
Commission Expiration: January 23, 2014

4/25/2012
Date



CHRISTY BRACKEN
MY COMMISSION # DD 942736
EXPIRES: January 23, 2014
Bonded Thru Budget Notary Services