

L12000084700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

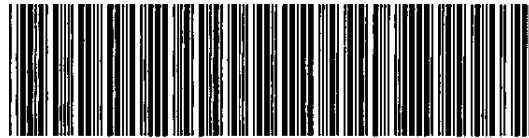
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUN 28 2012

EXAMINER



500235870385

06/06/12--01018--019 **160.00

*W/12000031260
phy. add.
mgr/mgrm
R/A 570
mem. 570*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 AM 08 08

06.04.2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 AM 8:09

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

RE: La Norris McFadden Global Outreach LLC

Enclosed are the Articles of Organization for the
above company, and check # 170 for fees

Registration	\$ 125.00
Certified Copy	30.00
Status	5.00
	<u>\$160.00</u>

Thanks for your kind assistance in processing
our registration documents

Sincerely,

Helen Lundy
561-670-3585



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 AM 8:09

June 7, 2012

HELEN LUNDY
680 TRIANA STREET
WEST PALM BEACH, FL 33413

SUBJECT: LANORRIS MCFADDEN GLOBAL OUTREACH LLC
Ref. Number: W12000031260

We have received your document for LANORRIS MCFADDEN GLOBAL OUTREACH 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):

The document must contain both the street address of the principal office and the mailing address of the entity.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

The registered agent must sign accepting the designation.

The document must be signed by a member or an 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 012A00016203

06.04.2012

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED STATE
SECRETARY OF CORPORATIONS
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12 JUN 27 AM 8:09

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Helen Lundy
561.670.3585

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: La Norris McFadden Global Outreach LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 AM 8:09

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

Please return all correspondence concerning this matter to the following:

Helen Lundy
Name of Person
La Norris McFadden Global Outreach
Firm/Company
401 N. Rosemary, Suite 140
Address
WPB, FL 33401
City/State and Zip Code
LMGOLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Lundy at 561 670-3585
Name of Person 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:

La Norris McFadden Global Outreach 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:

401 N. Rosemary, Suite 140
WPB, FL 33401

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:

La Norris D. McFadden

Name

4412 Lake Tahoe Circle

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

West Palm Beach FL 33409

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 AM 8:09

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

LaNorris McFadden
4412 Lake Tahoe Circle
WPB, FL 33409

MGRM

Erica McFadden
4412 Lake Tahoe Circle
WPB, FL 33409

MGRM

Karen Stringer
P.O. Box 17152
WPB, FL 33413

MGRM

Helen Lundy
680 Triana Street
WPB, FL 33413

(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:

Helen A. Lundy
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.)

HELEN A. LUNDY
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)