

L12000089077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

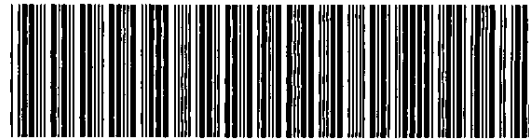
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400237096334

07/06/12--01005--028 **160.00

FILED
12 JUL -6 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 09 2012

EXAMINER

EFFECTIVE DATE

07/02/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classified Family, 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:

Elana D. Arrington
Name of Person

Classified Family
Firm/Company

2913 Hidden Hills Rd # 2309
Address

West Palm Beach FL 33411
City/State and Zip Code

elana.arrington@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elana D. Arrington at (561) 577-7366
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

12 JUL - 6 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FL 32301
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EIN: 45-5605306

ARTICLE I - Name:

The name of the Limited Liability Company is:

Classifield Family, 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:

2913 Hidden Hills Road #2309
West Palm Beach, FL 33411

Mailing Address:

2913 Hidden Hills Rd #2309
West Palm Beach, FL 33411

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:

Elana D Arrington
Name

2913 Hidden Hills Road Unit 2309
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33411
City, State, and Zip

FILED
12 JUL -6 PM 2:54
CLERK OF CIRCUIT COURT
JULIA S. JEFFREY, CLERK
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.

Elana D Arrington
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 07/02/12

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:

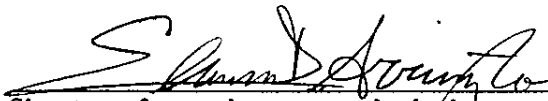
MGR

Elana Arrington
2913 Holden Hills Rd #2309
West Palm Beach, FL 33411

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 2, 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 Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

Elana D. Arrington
Typed or printed name of signee

FILED
12 JUL - 6 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)