# L12000095313

, (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:
W12000036873

Office Use Only



800236940478

07/11/12--01022--013 \*\*125.00

SECRETARY OF STATE TALLAHASSEE, FLORID

D. BRUCE
JUL 24 2012
EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2012

JANICE M KELLEY 5828 WINDWOOD DR. LAKELAND, FL 33813

SUBJECT: SCULLEY INC. LLC Ref. Number: W12000036873

We have received your document for SCULLEY INC. 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 of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00018641

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Sculley LLC			
	Limited Liability Company		
The enclosed Articles of Organization and fee(	s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Janice M. Kelley		_	
	Name of Person		
Sculley LLC			
	Firm/Company	<del></del>	
5828 Windwood Dr.	·		
	Address	_	
Lakeland, FL 33813		_	
:	City/State and Zip Code	12	
jmkelley03@gmail.com E-mail address: (to be	e used for future annual report notification)	_⊨	2
For further information concerning this matter,	ASS.	23 🗚	FILE
Janice M Kelley	at (863 ) 838-9086	<b>至</b> 9	D _ 4E
Name of Person	at (863) 838-9086 CSA Area Code & Daytime Telephone Number	9: 47	
Enclosed is a check for the following amou	int:		
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State			
<b>M</b>	,		

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:** 

Sculley LLC	ed Liability Company, "L.L.C.," or "LLC.")	<del></del>
(Must end with the words Limite	ed Liability Company, L.L.C., of LLC.	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
Janice M Kelley	Janice M Kelley	
5000 Minduned D.		<del>-</del>
· · · · · · · · · · · · · · · · · · ·	5828 Windwood Dr.	<del> </del>
5828 Windwood Dr. Lakeland, FL 33813  ARTICLE III - Registered Agent, Regi	Lakeland, FL 33813 istered Office, & Registered Agent's	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	Lakeland, FL 33813 istered Office, & Registered Agent's of Registered Agent. You must designate an individ	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow	Lakeland, FL 33813 istered Office, & Registered Agent's of Registered Agent. You must designate an individ	ual or another
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	Lakeland, FL 33813  istered Office, & Registered Agent's and Registered Agent. You must designate an individend of the registered agent are:	TAS 7
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	Lakeland, FL 33813  istered Office, & Registered Agent's and Registered Agent. You must designate an individend of the registered agent are:	TAS 7
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	Lakeland, FL 33813 istered Office, & Registered Agent's on Registered Agent. You must designate an individual of the registered agent are:  Name	TAS 7
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Janice M Kelley  5828 Windw	Lakeland, FL 33813 istered Office, & Registered Agent's on Registered Agent. You must designate an individual of the registered agent are:  Name	TAS 7
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Janice M Kelley  5828 Windw	istered Office, & Registered Agent's for Registered Agent. You must designate an individual of the registered agent are:  Name	APPRO AN FILL 12 JUL 23 TALLAHASSE

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:

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Janice M. Kelley 5828 Windwood Dr. Lakeland, FL 33813
MGRM	Martha Ann Fultz
	Oakland Dr.
	Dothan, AL 36303
MGRM	Melissa C. Lopez
	5758 Sunup Circle
	Ooltewa, TN 37363
Name of the Control o	
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
Signature of a Signat	a member or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a Signature of a Constitutes an affirmat I am aware that any fa constitutes a third degree	a member or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The lase information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)  M. Kelley
Signature of a  (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degree Janice	a member or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution of this document to under the penalties of perjury that the facts stated herein are true. Also information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)  M. Kelley
Signature of a Signature of a Constitutes an affirmat I am aware that any fa constitutes a third degree	a member or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are rule. Its information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)  M. Kelley  Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)