

#L12000097297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 JUL 26 PM 3:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 27 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2012

TED W WEEKS IV, P.A.
2117 HARDEN BLVD.
LAKELAND, FL 33803-5918

SUBJECT: HYPER-GRAPHICS, LLC
Ref. Number: W12000035682

We have received your document for HYPER-GRAPHICS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000053663 "HYPER GRAPHICS INC.".

Please list the complete principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 112A00018103

LAW OFFICE OF
TED W. WEEKS IV, P.A.
2117 HARDEN BOULEVARD
LAKELAND, FLORIDA 33803-5918

TED W. WEEKS, IV
ATTORNEY AT LAW

863-802-5000
FAX: 863-686-3533

July 24, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sally Coughlin, LLC
Articles of Organization for Florida Limited Liability Company
(Ref. Number: W12000035682)

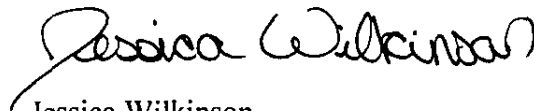
Dear Sir/Madam:

Enclosed with this letter, please find the following documents:

1. Copy of a letter from your office dated July 5, 2012 regarding the Articles of Organization previously submitted under the name Hyper-Graphics, LLC; and
2. Articles of Organization for Florida Limited Liability Company under the name of Sally Coughlin, LLC.

Should you have any questions or concerns regarding this matter or the enclosures, please do not hesitate to contact our office at the number listed above.

Sincerely yours,



Jessica Wilkinson
Legal Assistant

cc: Client

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sally Coughlin, 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:

Sally Coughlin
Name of Person

Firm/Company

P.O. Box 6493
Address

Lakeland, Florida 33807
City/State and Zip Code

sally@hyper-graphics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally P. Copughlin at (**863**) **648-2914**
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:

Sally Coughlin, 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:

P.O. Box 6493 2823 GARY LANE
Lakeland, Florida 33812

Mailing Address:

P.O. Box 6493
Lakeland, Florida 33807

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:

Sally P. Coughlin

Name

2823 Gary Lane

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

Lakeland

FL 33812

City, State, and Zip

FILED
12 JUL 26 PM 3:42
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sally P. Coughlin

P.O. Box 6493

Lakeland, Florida 33807

(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.)



Typed or printed name of signee

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)