

L13 0000001410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

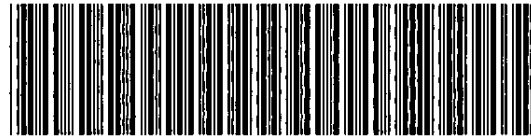
(Document Number)

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Office Use Only

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JAN 3 2013
EXAMINER



600242281696

Effective Date 1-1-12

12/20/12--01010--011 **160.00

EFFECTIVE DATE

12 DEC 20 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



EFFECTIVE DATE 1/1/2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2012

GREGORY ALLEN DEEMER
PO BOX 691629
ORLANDO, FL 32869

SUBJECT: SEND CITY LLC
Ref. Number: W12000063500

FILED
12 DEC 20 PM 4:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for SEND CITY 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 20, 2012. Please amend your document accordingly.

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.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 212A00030412

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Send City**

Name of Limited Liability Company

FILED
12 DEC 20 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Gregory Allen Deemer

Name of Person

EFFECTIVE DATE

1/1/2013

Firm/Company

P.O. Box 691629

Address

Orlando, FL 32869

City/State and Zip Code

ClimbSendCity@gmail.com

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

For further information concerning this matter, please call:

Zachariah William Lance at **352** **3175381**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

EFFECTIVE DATE 1/1/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Send City LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED
12 DEC 20 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Send City LLC

P.O. Box 691629

Orlando, FL 32869

Mailing Address:

Send City LLC

P.O. Box 691629

Orlando, FL 32839

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:

Gregory Allen Deemer

Name

10125 Falls Grove St

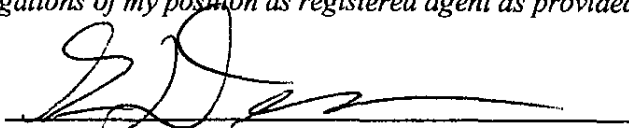
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL. 32836

FL

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)

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

Gregory Allen Deemer

10125 Falls Grove St

Orlando, FL. 32836

MGRM

Zachariah William Lance

1690 Valley Forge Drive

Titusville, FL 32796

MGRM

Colleen Maddy Lance

1690 Valley Forge Drive

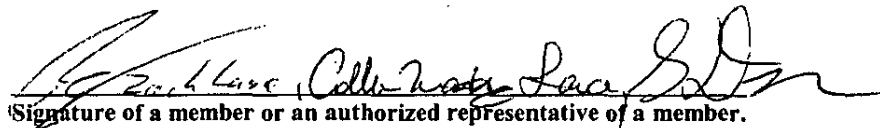
Titusville, FL. 32796

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2013 (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.)

Gregory Allen Deemer, Zachariah William Lance, Colleen Maddy Lance

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)