

L13000005820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

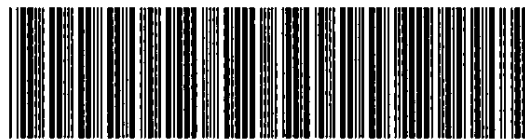
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000243437900

01/10/13--01013--014 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN 10 AM 8:39

C. LEWIS
JAN 11 2013
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Old Mayfield 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:

Cindy H Wetherington

Name of Person

Firm/Company

11743 Derbyshire Dr.

Address

Tampa/FL 33626

City/State and Zip Code

cwethvance@aol.com

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

For further information concerning this matter, please call:

Cindy Wetherington

Name of Person

at (**813**) **9661715**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Old Mayfield 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:

11743 Derbyshire Dr.

Tampa, FL 33626

Mailing Address:

11743 Derbyshire Dr.

Tampa, FL 33626

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:

Cindy H Wetherington

Name

11743 Derbyshire Dr.

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

Tampa, FL 33626

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..

Cindy H. Wetherington
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN 10 AM 8:40

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 JAN 10 AM 8:40

Title:

"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Cindy H Wetherington

11743 Derbyshire Dr.

Tampa, FL 33626

Jan Gunn

50 Old Sturbridge Rd.

Arnold MD 21012

Linda H Park

Moran Rd. (13318)

Tampa, FL 33618

Jennifer Ewbank

611 Pineaire St.

Inverness, FL 34452

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~2013 JAN 10~~ *2013 JAN 10* (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:

Cindy H. Wetherington
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.)

Cindy H Wetherington

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)