

L13000036939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

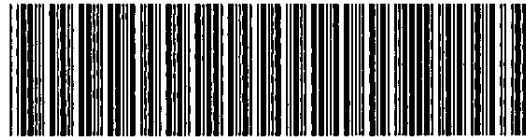
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 12 2013
D. BRUCE

13-10161



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2013

STACEY L. MYERS
LEGAL MATTERS LLC
1530 BUSINESS CENTER DR., STE. 4
FLEMING ISLAND, FL 32003

SUBJECT: FAMILY MATTERS OF NORTH FLORIDA, LLC
Ref. Number: W13000010161

We have received your document for FAMILY MATTERS OF NORTH FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 113A00005122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2013

STACEY L. MYERS
LEGAL MATTERS LLC
1530 BUSINESS CENTER DR., STE. 4
FLEMING ISLAND, FL 32003

SUBJECT: FAMILY MATTERS OF NORTH FLORIDA, LLC, D/B/A "FAMILY MATTERS"

Ref. Number: W13000010161

We have received your document for FAMILY MATTERS OF NORTH FLORIDA, LLC, D/B/A "FAMILY MATTERS" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 313A0000407

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TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family Matters of North Florida, LLC, d/b/a/ "Family Matters"
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:

Stacey L. Myers

Name of Person

Legal Matters LLC

Firm/Company

1530 Business Center Dr., Ste. 4

Address

Fleming Island, FL 32003

City/State and Zip Code

sl_myers@bellsouth.net

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

For further information concerning this matter, please call:

Stacey Myers

Name of Person

904 699-1190

at ()

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Matters of North Florida 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:

1530 Business Center Dr., Ste. 4

Fleming Island, FL 32003

Mailing Address:

same

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:

Stacey L. Myers

Name

1530 Business Center Dr., Ste. 4

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

Fleming Island, FL 32003

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.

Stacey L. Myers
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

Stacey L. Myers

1530 Business Center Dr., Ste. 4

Fleming Island, FL 32003

MGRM

Tracy Johnston

2233 Park Ave., Ste. 302

Orange Park, FL 32073

(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:

Stacey L. Myers
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.)

Stacey L. Myers

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)

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TALLAHASSEE FLORIDA