

L13000090364

(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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06/05/13--01017--004 **125.00

Effective Date 6/14/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -6 AM 10:43

JUN 24 2013

T. HAMPTON

8685-310

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C-ANNIE'S
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:

CARMEN CLIFTON
Name of Person
C-ANNIE'S
Firm/Company
6575 STATE RD #11
Address
DE LEON SPRINGS, FL 32130
City/State and Zip Code
CACLIFTON215@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN CLIFTON at (386) 985-5142
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JUN 21 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 6, 2013

CARMEN CLIFTON
6575 STATE RD #1
DE LEON SPRINGS, FL 32130

SUBJECT: C-ANNIE'S LLC
Ref. Number: W13000032978

We have received your document for C-ANNIE'S 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):

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 June 6, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00014243

Effective Date

6/14/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C- ANNIE'S 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:

6575 STATE RD #11
DE LEON SPRINGS, FL 32130

Mailing Address:

6575 STATE RD #11
DE LEON SPRINGS, FL 32130

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:

CARMEN CLIFTON

Name

6575 STATE RD #11

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

DE LEON SPRINGS, FL 32130

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.

Carmen Clifton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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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:

MGR

CARMEN CLIFTON
6575 STATE RD # 11
DE LEON SPRINGS, FL 32130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-19-13. (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:

Carmen Clifton
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.)

CARMEN CLIFTON
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)

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DIVISION OF CORPORATIONS
13 JUN -6 AM 10:43