

L130000 95282

(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



300249406753

300249406753
07/02/13--01004--017 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -2 PM 12:50

FILED

B. BOSTICK

JUL -3 2013

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENDLESS SUMMER OF THE FLORIDA KEYS
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:

JACKIE HAMPSON

Name of Person

Firm/Company

172 INDIAN MOUND TRAIL

Address

TAVERNIER, FL 33070

City/State and Zip Code

KEYS172@aol.com

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

For further information concerning this matter, please call:

TIM HAMPSON

Name of Person

OR 305-587-9349
at 305-587-9350

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

26 JUL -2 PM 12:50

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENDLESS SUMMER OF THE FLORIDA KEYS, 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:

Mailing Address:

172 Indian Mound Trail
TAVERNIER, FL 33070

172 Indian Mound Trail
TAVERNIER, FL 33070

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:

JACKIE L. HAMPSON
Name

172 Indian Mound Trail
Florida street address (P.O. Box **NOT** acceptable)

TAVERNIER, FL 33070
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.

Jackie L. Hampson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 JUL -2 PM 12:50
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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

JACKIE L. HAMPSON
172 Indian Mound Trail
Tavernier, FL 33070

MGRM

TIMOTHY R. HAMPSON
172 Indian Mound Trail
Tavernier, FL 33070

MGRM

ANN FLENNER
84 Key Haven Rd.
Key West, FL 33040

(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.)

JACKIE L. HAMPSON

Typed or printed name of signee

2013 JUL -2 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

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)