

113 000130745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

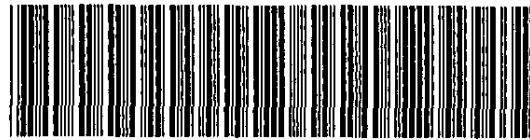
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2013 SEP 13 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 16 2013
T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2013

ULKA PATEL SHRIVER
5 SEA BASS LANE
PONTE VEDRA BEACH, FL 32082

SUBJECT: BACKSTREETS, LLC
Ref. Number: W13000049917

We have received your document for BACKSTREETS, 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):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : BACK STREET, LLC, document number L10000106509.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 313A00021268

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S. CLINE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ulka Patel Shriver
5 Sea Bass Lane, Ponte Vedra Beach, Florida 32082
703.798.7131 - upshriver@gmail.com

September 16, 2013

Via Facsimile: 850-245-6030

Attn. **Tammi Cline**
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Backstreets, LLC

FOLLOW-UP TO ARTICLES OF ORGANIZATION PACKAGE

Dear Tammi:

Many thanks for your time in discussing our registration package and preliminary rejection with my husband, Trip Shriver. Thank you for alerting us to the fact that another business has registered a similar name. I am writing to confirm that we have researched the other entity and feel confident that our distinct locations and business purposes will keep us free of confusion. Thank you for being willing to proceed with our registration as requested – please accept this confirmation that we do desire the same.

If you require anything further, please do not hesitate to call upon me. I thank you for your service and care in advance.

Sincerely,



Ulka Patel Shriver, Esq.

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SOLICITARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Backstreets, 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:

Ulka Patel Shriver

Name of Person

Firm/Company

5 Sea Bass Lane

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

upshriver@gmail.com

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

For further information concerning this matter, please call:

Ulka Patel Shriver

Name of Person

703 798-7131

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" 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)
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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

SEP 13 PH 3:52
RECEIVED
REGISTRATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Backstreets, 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:

5 Sea Bass Lane

Ponte Vedra Beach, FL 32082

Mailing Address:

5 Sea Bass Lane

Ponte Vedra Beach, FL 32082

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:

Ulka Patel Shriven

Name

5 Sea Bass Lane

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

Ponte Vedra Beach, FL 32082

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

Ulka Patel Shriver

5 Sea Bass Lane

Ponte Vedra Beach, FL 32082

(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.)

Ulka Patel Shriver

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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SECRETARY OF STATE
ATLANTIC CITY, NEW JERSEY
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