

L/3000134200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

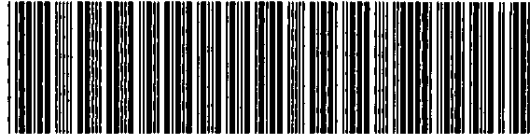
Special Instructions to Filing Officer:

SEP 23 2013

A. LUNT

W13-41381

Office Use Only



300249993413

07/22/13--01043--015 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 13 PM 1:58

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2013

ROBIN MITTON
6890 SE 99TH PLACE
BELLEVIEW, FL 34420

SUBJECT: ROBIN'S NEST DAYCARE , LLC
Ref. Number: W13000041381

We have received your document for ROBIN'S NEST DAYCARE , 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 unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 313A00017839

Robin Mitton
6890 SE 99TH Place
Bellevue, Fl. 34420
352-347-1006

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Robin's Nest Daycare**

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:

Robin Mitton

Name of Person

Robin's Nest Daycare

Firm/Company

6890 se 99th Place

Address

Belleview, FL 34420

City/State and Zip Code

rmitton90@yahoo.com

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

For further information concerning this matter, please call:

Robin Mitton

Name of Person

at (**352**) **347-1006**

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

FILED
2013 SEP 18 PM 1:50
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mitton Family Daycare, 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:

6890 se 99th place

Belleview, Fl. 34420

Mailing Address:

6890 se 99th Place

Belleview, Fl. 34420

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:

North Lake Electric, Inc.

Name

300-1 Richey Road

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

Leesburg, Fl 34748

City, State, and Zip

2013 SEP 18 PM 1:50
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED

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)

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 _____

Robin Mitton

6890 se 99th Place

Bellevue, FL 34420

2013 SEP 18 PM 1:53
RECEIVED
FLORIDA SECRETARY OF STATE

FILED

(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.)

Robin Mitton

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)