

L13000148472

(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



400252093014

10/21/13--01023--010 **125.00

FILED
13 OCT 21 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ACY, 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:

Caroline Johnson

Name of Person

Firm/Company

1654 West Classical Blvd.

Address

Delray Beach, FL 33445

City/State and Zip Code

carolinenicloejohnson@yahoo.com

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

For further information concerning this matter, please call:

Caroline Johnson

Name of Person

at (**561**)

634-1804

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

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
13 OCT 21 AM 10:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACY, 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:

1654 West Classical Blvd.

Delray Beach, FL 33445

Mailing Address:

1654 West Classical Blvd.

Delray Beach, FL 33445

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:

Christen C. Ritchey

Name

1200 N. Federal Highway, Suite 420

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

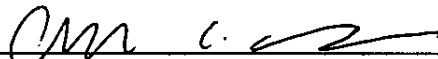
Boca Raton, FL 33432

FL

City, State, and Zip

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA
13 OCT 21 AM 10:44
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:

MGRM

Christen Ritchey

211 NW 10th ST

Boca Raton, FL 33432

MGRM

Caroline Johnson

1654 West Classical Blvd.

Delray Beach, FL 33445

MGRM

Michael Johnson

1654 West Classical Blvd.

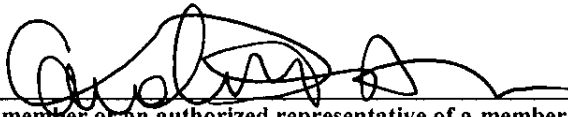
Delray Beach, FL 33445

(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.)

Caroline Johnson

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)

13 OCT 21 AM 10:44
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA