

L130000194233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

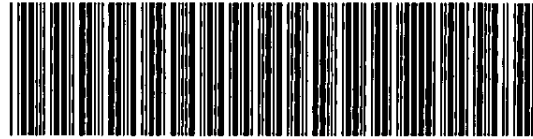
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700252912077

Effective Date 10-28-13

10/31/13--01016--019 \*\*125.00

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2013 OCT 31 AM 10:36  
CLERK OF STATE  
TALLAHASSEE FL 32301

J. SA  
EX

NOV

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Saylu Concepts 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:

**Ryan Nelson**

Name of Person

Firm/Company

**905 West Ventura Avenue**

Address

**Clewiston, FL 33440**

City/State and Zip Code

**eatmoreburritosFL@gmail.com**

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

For further information concerning this matter, please call:

**Ryan Nelson**

Name of Person

**561 2909632**

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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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STATE  
TALLAHASSEE, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Saylu Concepts 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:

3174 NW Fedewral Highway  
Jensen Beach, FL 34957

#### Mailing Address:

905 West Ventura Avenue  
Clewiston, FL 33440

### 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:

Ryan Nelson

Name

905 West Ventura Avenue

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

Clewiston, FL 33440

City, State, and Zip

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NOTARY PUBLIC  
STATE OF FLORIDA

*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

Ryan Nelson

905 West Ventura Avenue

Clewiston, FL 33440

MGRM

Johnnie Nelson

905 West Ventura Avenue

Clewiston, FL 33440

\_\_\_\_\_

\_\_\_\_\_

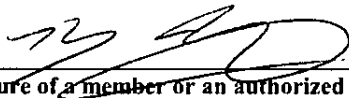
\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/28/2013 (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.)

Ryan Nelson

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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STATE