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(Requestor's Name)
(Address)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

imelet Group 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:

# Joshua Miller

Name of Person

# Limelet Group LLC

## 3141 Kernan Lake Dr. #305

# Jacksonville, FL 32246

City/State and Zip Code

## josh@limeletgroup.com

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

For further information concerning this matter, please call:

Josh Miller

 $_{at}$  (904) 450-5932

Name of Person

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

## ' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		npany is:			
Limelet Group I	LC				
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")		<del></del>	
ARTICLE II	- Address:				
		of the principal office of the Limited L	iability (	Compa	any is:
Principal Off	ice Address:	Mailing Address:			
3141 Kernan La	ke Dr. #305	3141 Kernan Lake Dr. #305			
Jacksonville, FL		Jacksonville, FL 32246	· · · · · · · · · · · · · · · · · · ·	_	
				_	
Tt					
i ne name and	the Florida street addres  Joshua Miller	s of the registered agent are:		<i>~</i>	
i ne name and		s of the registered agent are:  Name		<b>3</b> 809	e e u
The name and	Joshua Miller 3141 Kernan Lake Dr	Name :. #305	9-4 	13 kgy 19	7.0
The name and	Joshua Miller  3141 Kernan Lake Dr Florida	Name  . #305 a street address (P.O. Box <u>NOT</u> acceptable)	<b>1</b>	13 NOV 19 84	- 2
i ne name and	Joshua Miller 3141 Kernan Lake Dr	Name  . #305 a street address (P.O. Box <u>NOT</u> acceptable)  FL 32246	and Control of the Co	13 FCV 19 - EV C	
i ne name and	Joshua Miller  3141 Kernan Lake Dr Florida	Name  . #305 a street address (P.O. Box <u>NOT</u> acceptable)		13 808 19 8810: 23	- 2 d - 2 d

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Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Joshua Miller
	3141 Kernan Lake Dr. #305
	Jacksonville, FL 32246
MGRM	Alyssa Miller
	3141 Kernan Lake Dr. #305
	Jacksonville, FL 32246
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other the	must be specific and cannot be more than five business of
CLE V: Effective date, if other the	
CLE V: Effective date, if other the effective date is listed, the date or 90 days after the date of file	must be specific and cannot be more than five business of
CLE V: Effective date, if other the	must be specific and cannot be more than five business of
CLE V: Effective date, if other the effective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	must be specific and cannot be more than five business of any or an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmation I am aware that any false	must be specific and cannot be more than five business of ang.)  Multiple Market and Cannot be more than five business of an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmation I am aware that any false	must be specific and cannot be more than five business of ang.)  member or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)