

L13000162887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ✓

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10/04/13--01006--002 **130.00

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10 AM 10:05
SUFFICIENCY OF FILING

FILED
13 NOV 21 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 21 2013

T. BROWN

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BOBBY & LISA 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:

LISA WOOD

Name of Person

Firm/Company

225 CRAWFORD LN

Address

CAIRO, GA 39828

City/State and Zip Code

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

For further information concerning this matter, please call:

LISA WOOD

Name of Person

at (**850**) **510-7481**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

LISA WOOD
225 CRAWFORD LN
CAIRO, GA 39828

SUBJECT: BOBBY & LISA LLC
Ref. Number: W13000055492

TO: LISA WOOD
SUBJECT: BOBBY & LISA LLC

2013 OCT 28 PM 10:15

We have received your document for BOBBY & LISA 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 letter releasing the corporate name must be signed.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 013A00023434



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

LISA WOOD
225 CRAWFORD LN
CAIRO, GA 39828

SUBJECT: BOBBY & LISA LLC
Ref. Number: W13000055492

We have received your document for BOBBY & LISA 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):

Please accept our apology for failing to mention this in our previous letter.

The designation of the registered agent must be at a Florida street address.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 713A00025193

I, Lisa Wood a managing member
of Bobby & Lisa LLC (L11000112736)

have no intention of reinstating this
limited liability company.

Lisa Wood.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBBY & LISA 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:

225 CRAWFORD LN
CAIRO, GA 39828

Mailing Address:

225 CRAWFORD LN
CAIRO, GA 39828

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:

LISA WOOD

Name

58 Sioux Circle
Hawana FL 32333
City, State, and Zip

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

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)

FILED
13 NOV 21 AM 11:03
SECRETARY OF STATE
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

BOBBY WOOD

225 CRAWFORD LN

CAIRO, GA 39828

MGRM

LISA WOOD

225 CRAWFORD LN

CAIRO, GA 39828

MGRM

GEORGE ALLEN CLARK

225 CRAWFORD LN

CAIRO, GA 39828

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2014. (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.)

LISA WOOD

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)