

**L13000169715**

\_\_\_\_\_  
(Requestor's Name)

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(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



**900253978129**

11/19/13--01009--012 \*\*125.00

**EFFECTIVE DATE**  
12/1/13

**FILED**  
**2013 NOV 19 AM 11:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**N. Culligan DEC - 9 2013**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2013

S. SUZANNE SVACINA  
7308 NW 290TH TERRACE  
HIGH SPRINGS, FL 32643

SUBJECT: S3, LLC  
Ref. Number: W13000064224

We have received your document for S3, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot not be prior to more than 90 days.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 013A00026819

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **S3, 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:

**S. Suzanne Svacina**

Name of Person

**S3, llc**

Firm/Company

**7308 NW 290th Terrace**

Address

**High Springs, FL 32643**

City/State and Zip Code

**ssuzannesvacina@hotmail.com**

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

For further information concerning this matter, please call:

**Suzanne Svacina**

Name of Person

at **352 256-8259**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

S3, 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:**

7308 NW 290th Ter, High Spgs, FL 32643

**Mailing Address:**

7308 NW 290th Ter, High Spgs, FL 32643

**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:

Suzanne Svacina

Name

7308 NW 290th Terrace

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

High Springs

FL

32643

City, State, and Zip

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*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

Suzanne Svacina

7308 NW 290th Terrace

High Springs, FL 32643

MGRM

Barry Billet

4301 Confederate Pointe Rd, #113

Jacksonville, FL 32210

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Dec. 1, ~~2014~~ 2013 *SF BB* (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:**

*Svacin*

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.)

S. Suzanne Svacina

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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