

L14 000004141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

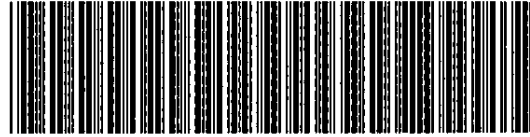
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/02/14--01023--012 **160.00

Effective Date 1/1/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:44

1/9/14



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R & W Legacy, 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:

Wendie Mayfield

Name of Person

Firm/Company

6346 Forest Stump Lane

Address

Jacksonville, Florida 32258

City/State and Zip Code

wendiemayfield@gmail.com

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

For further information concerning this matter, please call:

Wendie Mayfield

Name of Person

904

Area Code

403-8276

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2014

WENDIE MAYFIELD
6346 FOREST STUMP LN
JACKSONVILLE, FL 32258

SUBJECT: R & W LEGACY LLC
Ref. Number: W14000001084

We have received your document for R & W LEGACY LLC and check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$160.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00000373

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:44

Effective Date 1/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & W Legacy 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:

Mailing Address:

6346 Forest Stump Lane
Jacksonville, FL 32258

6346 Forest Stump Lane
Jacksonville, FL 32258

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:

Regina M. Soeey

Name

3944 San Jose Blvd

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

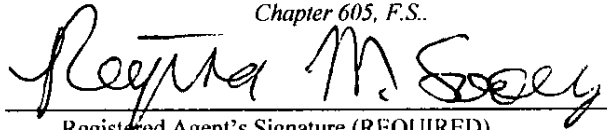
Jacksonville

FL 32207

City

Zip

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Wendie Mayfield
6346 Forest Stump Lane
Jacksonville, Fl. 32258

AMBR

Regina Sooley
3944 San Jose Blvd
Jacksonville, Fl. 32207

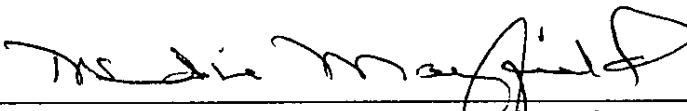
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

WENDIE MAYFIELD

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)