

L14000019995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

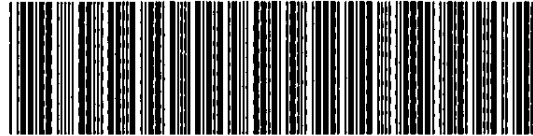
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date

1/30/14

01/17/14--01021--010 **160.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 17 PM 1:32

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(974)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT:

Bold Homes 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:

Mary C. Rabold

Name of Person

Bold Homes LLC

Firm/Company

13846 Atlantic Blvd #609

Address

JACKSONVILLE FL. 32225

City/State and Zip Code

flipflop123@att.net

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

For further information concerning this matter, please call:

Mary Rabold

Name of Person

at

(904)

Area Code

521-4636

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

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DIVISION OF CORPORATIONS
14 JAN 17 PM 1:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

MARY C RABOLD
13846 ATLANTIC BLVD #609
JACKSONVILLE, FL 32225

SUBJECT: BOLD HOMES LLC
Ref. Number: W14000004723

We have received your document for BOLD HOMES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 614A00001620

FILED
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DIVISION OF CORPORATIONS
14 JAN 17 PM 1:32

Effective Date

1/30/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bold Homes 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:

13846 Atlantic Blvd Apt 609
JACKSONVILLE FL 32225

13846 Atlantic Blvd #609
JACKSONVILLE FL
32225

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:

Mary C Rabold

Name

13846 Atlantic Blvd #609

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

JACKSONVILLE FL 32225

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.

Mary C. Rabold

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Mary C. Rabold
13846 Atlantic Blvd Apt 609
JACKSONVILLE FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-30-2014 (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:

Mary C Rabold

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.)

MARY C Rabold

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)