

L14000037163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

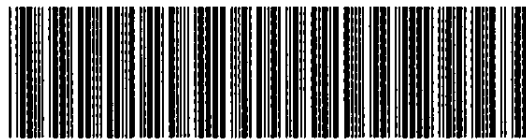
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FILED
14 JAN 10 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR - 5 2014

J. BRYAN



770 Industrial Drive, Crestview, FL 32539
Telephone: (850) 398-8934
Fax: (850) 689-4488
Email: dawn@dawnpaulcpa.com

February 25, 2014

Florida Department of State
Registration Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

FILED
14 JAN 10 PM 2:28
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TALLAHASSEE FLORIDA

RE: Tina Marie Hanners, LLC (Ref # P14000003423)

800.255.491738

On January 10, 2014, Ms. Hanners filed online to form an LLC and paid \$70.00. However, she filed the wrong documents and ended up creating a corporation. She also established the entity as Tina Marie Hanners, LLC instead of Tina Renee Hanners, LLC. Amended articles of organization were filed to change the name and \$25.00 was paid for the amendment.

Please accept the attached Articles of Organization in order for Ms. Hanners to form an LLC under the name Tina Renee Hanners, LLC. We have attached a check in the amount of \$68.75 (The difference owed in filing the Articles of Organization versus the Articles of Incorporation). It is Ms. Hanners desire to be an LLC. We have attached her EIN notice from the IRS where she registered as a single member LLC. We need her state entity to match the EIN filed with the IRS for tax purposes.

Please accept the attached articles of organization and additional payment for Tina Renee Hanners, LLC in order for her to properly form her LLC.

Thank you for your consideration,

Dawn M. Paul, CPA, P.A.

Crestview, FL

Cc: Copy of letter dated February 4, 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINA RENEE HANNERS, 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:

TINA R HANNERS
Name of Person

TINA RENEE HANNERS, LLC
Firm/Company

5342 HILLCREST ROAD
Address

CRESTVIEW FL 32539
City/State and Zip Code

tinahanners@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina R Hanners at (850) 398-3091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TINA RENEE HANNERS, 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:

5342 HILLCREST ROAD
CRESTVIEW FL 32536

Mailing Address:

5342 HILLCREST ROAD
CRESTVIEW, FL 32536

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:

TINA R HANNERS

Name

5342 HILLCREST ROAD

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

CRESTVIEW

City

FL 32536

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)

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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

AMBR

Name and Address:

TINA R HANNERS

5342 HILLCREST ROAD

CRESTVIEW FL 32536

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(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 01/10/2014 (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.

N/A

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.)

TINA R HANNERS

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)