

L14000052448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-19541

Office Use Only



000257894880

03/24/14--01005--019 \*\*125.00

FILED  
2014 MAR 31 PM 4:43  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAR 31 2014

D. BRUCE

Florida Dept. of State  
Division of Corporations  
Attn: Debra Bruce  
Fax # 880-245-6030

7466 Cape Girardeau Street  
Englewood Florida 34224-8004  
March 31, 2014

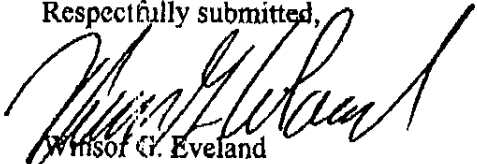
March 31, 2014

Dear Mrs. Bruce,

It has come to my attention that my request for the establishment of Savory Sun LLC has been rejected because of the name being unavailable. I am one of the original owners of Savory Sun Inc. and we do not intend to request the renewal of this company and its corporate status and would like to use the name Savory Sun LLC in the future. Please accept this request for the use of Savory Sun LLC as a new Florida LLC for profit company.

Thank you for your prompt and courteous attention to this matter.

Respectfully submitted,



Winsor G. Eveland  
7466 Cape Girardeau St.  
Englewood, FL 34224-8004  
941-475-74322 office phone/Fax

FILED  
2014 MAR 31 PM 4:44  
CLERK OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

WINSOR G. EVELAND  
7466 CAPE GIRARDEAU STREET  
ENGLEWOOD, FL 34224

SUBJECT: SAVORY SUN, LLC  
Ref. Number: W14000019541

We have received your document for SAVORY SUN, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P04000039875.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 314A0000657

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 31 PM 4:44

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAVORY SUN, 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:

WINSOR G. EVELAND

Name of Person

SAVORY SUN, LLC

Firm/Company

7468 CAPE GIRARDEAU STREET

Address

ENGLEWOOD, FL 34224

City/State and Zip Code

KEB242@AOL.COM

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

For further information concerning this matter, please call:

KENNETH E. BROWN

Name of Person

at ( 540 )

Area Code

898-0851

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  
2014 MAR 31 PM 4:44  
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAVORY SUN, 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:

7466 CAPE GIRARDEAU STREET  
ENGLEWOOD, FL 34224

7466 CAPE GIRARDEAU STREET  
ENGLEWOOD, FL 34224

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:

WINSOR G. EVELAND

Name

7466 CAPE GIRARDEAU STREET

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

ENGLEWOOD

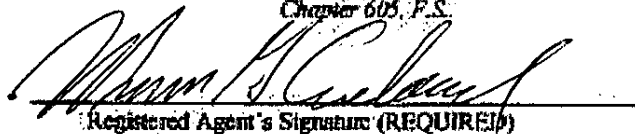
FL 34224

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

FILED  
2014 MAR 31 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

WINSOR G. EVELAND

7486 CAPE GIRARDEAU STREET

ENGLEWOOD, FL 34224

AMBR

CHARLES R. BASS

1982 W. MAIN STREET

WAUCHULA, FL 33873

AMBR

KENNETH E. BROWN

242 HILLCREST DRIVE

FREDERICKSBURG, VA 22401

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

WINSOR G. EVELAND

Typed or printed name of signer

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)