

L14000062520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

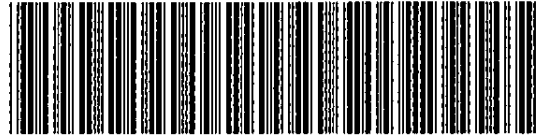
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200259051572

04/17/14--01001--013 **125.00

EFFECTIVE DATE

4-16-14

10:00 AM
SUFFICIENT OF FILING

2014 APR 16 PM 4:37

APPROVED
AND
FILED

14 APR 16 PM 4:43

APPROVED
AND
FILED

APR 16 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Petunia Garden Circle 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 M. SPENCER
Name of Person

Petunia Garden Circle
Firm/Company

626 TRAM RD.
Address

TALLAHASSEE, FLORIDA 32311
City/State and Zip Code

SPENCER MARY @ MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY M. SPENCER at (850) 222-1693
Name of Person Area Code 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Petunia Garden Circle, 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:

626 TAMM Rd.
TALLAHASSEE, FLA 32311

Mailing Address:

P.O. Box 323
TALLAHASSEE, FLA 32302

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 M. SPENCER
Name

511 DUPONT DRIVE

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

TALLAHASSEE FL 32305
City Zip

EFFECTIVE DATE

4-16-14

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 M. Spencer

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

AMBR

AMBR

AMBR

AMBR

Name and Address:

MARY M. SPENCER
511 DuPont Drive
TALLAHASSEE, FLA 32305

Linda Inge
736 ROLLINS ST
TALLAHASSEE, FLA 32304

Bonnie M. Rollins
730 ROLLINS ST.
TALLAHASSEE, FLA 32304

MALINDA P. MOORE
3519 LANDS ENDS WAY
TALLAHASSEE, FLA 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-16-~~2011~~ (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 M. Spencer

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 M. SPENCER
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)