

L14000107218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

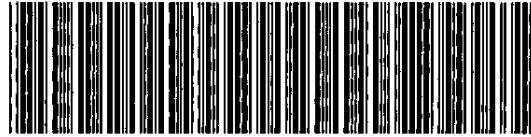
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SECRETARY OF STATE  
ALABAMA  
FLORENCE

1011 7/7/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE ARTISTS' GROUP, L.L.C.  
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:

NANCY ADAMS  
Name of Person

—  
Firm/Company

3002 OAKHILL DR.  
Address

AVON PARK, FL 33825  
City/State and Zip Code

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

For further information concerning this matter, please call:

NANCY ADAMS at ( 863 ) 873-6627  
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:

THE ARTISTS' GROUP, L.L.C.

(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:

JACARANDA HOTEL  
5 E. MAIN ST.  
AVON PARK, FL 33824

Mailing Address:

P.O. Box 1001  
AVON PARK, FL 33825

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:

NANCY ADAMS

Name

3002 OAKHILL DRIVE

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

AVON PARK

FL

33825

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.*

Nancy Adams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

MGR

AMBR

AMBR

**Name and Address:**

NANCY ADAMS

3002 OAKHILL DR.

AVON PARK, FL 33825

BETTY HEIM

3633 SUNRISE DRIVE

SEBRING FL 33872

KATHLEEN MORGAN

145 BOUGAINVILLEA ST. NE

LAKE PLACID, FL 33852

BETTY MCCARTHY

1829 LAKE LOTELA DR.

AVON PARK, FL 33825

(Use attachment if necessary) *see Second page :*

**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.)

NANCY ADAMS

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)

Page 2 (Article IV)

AMBR

BOB FISHEL  
2070 State Road 175  
AVON PARK FL 33825

AMBR

LOUISE WEIS  
1961 Hampton Rd  
Wauchula, FL 33873

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14 JUL - 7 PM 3:42

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TALLAHASSEE, FLORIDA