

L14000121560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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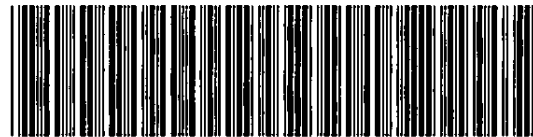
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JULIA HOSFT, FLORIDA

AUG - 4 2014
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Under One Roof, 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:

Donald Lee
Name of Person

Under One Roof, LLC
Firm/Company

1225 Seabreeze Ave
Address

Jacksonville Beach, Florida 32250
City/State and Zip Code

Underonerof@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Lee at (904) 233-9668
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Under One Roof, 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:

1225 Seabreeze Ave
Jacksonville Beach, FL, 32250

Mailing Address:

1225 Seabreeze Ave
Jacksonville Beach, FL, 32250

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:

Donald Lee

Name

1225 Seabreeze Ave

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

Jacksonville Beach

City

FL

32250

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

2014 AUG -4 PM 1:51
STATE
JACKSONVILLE, FLORIDA

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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

MGR

Name and Address:

Donald Lee

1225 Seabreeze Ave

Jacksonville Beach, FL 32250

AMBR

Jacqueline Lee

1225 Seabreeze Ave

Jacksonville Beach, FL 32250

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 18, 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:

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.)

Donald Lee

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA