L14000137073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PREMIUM MEAL DELIVERY SERVICE

SEASONED CLOUDS

August 20, 2014

Cameron Robinson

Dear Florida Department of State,

I would like to formally state that I, Cameron Robinson have no intentions in reinstating the previous Seasoned Clouds LLC, Document number (L12000055094). and release the name to be used again.

Sincerely yours,

Signature Cameron Robinson

~~1234 MAIN STREET ANYTOWN, STATE ZIP (123) 456-7890~~
5416 Deerbrooke Creek Cir. #17 813-334-9010
Tampa FL. 33624

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seasoned Clouds
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:

Cameron Robinson or Shanell Robinson
Name of Person

Seasoned Clouds
Firm/Company

6152 126th Ave Suite 503
Address

Largo FL 33773
City/State and Zip Code

cameron33187@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanell Robinson at (813) 334-9040
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:

Seasoned Clouds 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:**
6152 126th Ave Suite 503 Largo FL 33773	5416 Deerbrooke Creek Cir. unit 17 Tampa FL 33624

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:

Cameron Robinson
Name

5416 Deerbrooke Creek Cir unit 17
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33624
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..

Cameron Robinson
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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
_____	MGR Shanell Robinson 5416 Deerbrooke Creek Cir Unit 17 Tampa FL 33624
_____	MGR Cameron Robinson 5416 Deerbrooke Creek Cir Unit 17 Tampa FL 33624
_____	_____
_____	_____

(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:

Cameron Robinson

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.)

Cameron Robinson
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)