

614000840067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

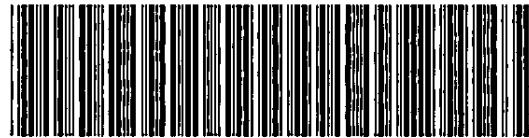
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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14 SEP - 3 PM 1:39
FALL RIVER, MA
FALL RIVER, MA

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

CORDELL BUTLER
233 6TH AVE N
JACKSONVILLE BEACH, FL 32250

SUBJECT: LILY LAKE LLC
Ref. Number: W14000053603

We have received your document for LILY LAKE 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00018739

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lily Lake 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:

Cordell Butler

Name of Person

Firm/Company

233 6th Avenue North

Address

Jacksonville Beach, Florida 32250

City/State and Zip Code

cord@thecordellgroup.com

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

For further information concerning this matter, please call:

Cordell Butler

Name of Person

at (904)

Area Code

465-1000

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:

Lily Lake 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:

233 6th Avenue North
Jacksonville Beach, Fl. 32250

233 6th Avenue North
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:

Cordell Butler

Name

233 6th Avenue N.

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

Jacksonville Beach

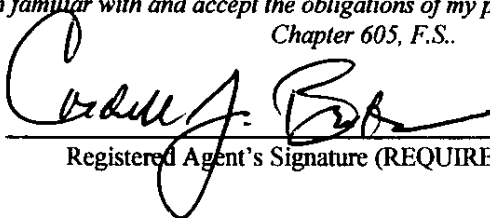
FL 32250

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)

FILED
14 SEP -3 PM 4:39
CLERK OF DISTRICT COURT
JACKSONVILLE, 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

Name and Address:

Cordell Butler

233 6th Avenue North

Jacksonville Beach, Fl. 32250

AMBR

Phillip Hewett

233 6th Avenue North

Jacksonville Beach, Fl. 32250

AMBR

Michael McAfee

233 6th Avenue North

Jacksonville Beach, Fl. 32250

AMBR

Matthew Merritt

233 6th Avenue North

Jacksonville Beach, Fl. 32250

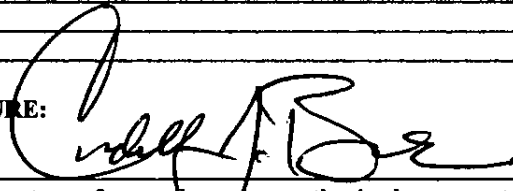
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NA. (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.)

Cordell Butler

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)

14 SEP - 3 PM 4:39
FBI - J. L. KNUD
FBI - J. L. KNUD

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:

Jeffrey Scales

1678 Woodmere

Jacksonville, FL 32210

(Use attachment if necessary)