

L14000140103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

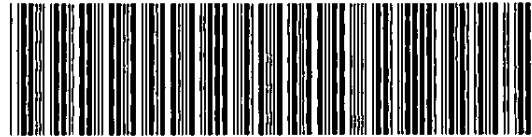
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09/09/14--01001--015 **160.00

Effective Date 8/18/14

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP - 8 2014
T. HAMPTON

04415-710

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHERITA DOUGLAS CONSULTING ENTERPRISE, 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:

SHERITA DOUGLAS
Name of Person

SHERITA DOUGLAS CONSULTING ENTERPRISE, LLC.
Firm/Company

2180 SE TRILLO STREET
Address

PORT SAINT LUCIE, FLORIDA, 34952
City/State and Zip Code

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

For further information concerning this matter, please call:

SHERITA DOUGLAS at (772) 919-1296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

SHERITA DOUGLAS
2180 SW TRILLO ST
PORT ST LUCIE, FL 34952

SUBJECT: SHERITA DOUGLAS CONSUTLING ENTERPRISE, LLC
Ref. Number: W14000051440

We have received your document for SHERITA DOUGLAS CONSUTLING ENTERPRISE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00018069

Effective Date

8/18/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHERITA DOUGLAS CONSULTING ENTERPRISE, 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:

2180 SE TRILLO STREET

PORT SAINT LUCIE

FLORIDA, 34952

2180 SE TRILLO STREET

PORT SAINT LUCIE

FLORIDA, 34952

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:

SHERITA DOUGLAS

Name

2180 SE TRILLO STREET

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

PORT SAINT LUCIE

City

FL 34592

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..

Sherita Douglas
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

SHERITA DOUGLAS

2180 SE TRILLO STREET

PORT SAINT LUCIE, FL. 34952

AMBR

JAMAL DOUGLAS

2180 SE TRILLO STREET

PORT SAINT LUCIE, FL. 34952

AMBR

JALEN DOUGLAS

2180 SE TRILLO STREET

PORT SAINT LUCIE, FL. 34952

(Use attachment if necessary)

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

Sherita Douglas

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.)

SHERITA DOUGLAS

Sherita Douglas
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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SECRETARY OF STATE
TALLAHASSEE FLORIDA