

L14000140570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

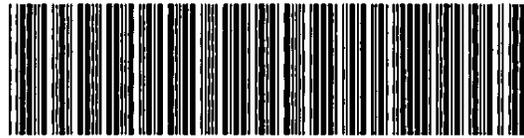
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
CORRECTION TO EFF. DATE PER
CONVERSATION WITH
KITTY KORTH 9/9/2014 KS

Office Use Only



200263485712

EFFECTIVE DATE
8-21-2014

08/28/14--01033--002 **130.00

FILED
2014 AUG 28 AM 11:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVER LININGS OF MELROSE
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:

KITTY KORTH
Name of Person

SILVER LININGS
Firm/Company

127 MANDARIN LAKE RD
Address

MELROSE FL 32666
City/State and Zip Code

KKORTH99@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kitty Korth at (352) 642-6494
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:

EFFECTIVE DATE
8-21-2014

SILVER LININGS OF MELROSE 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:

5910 HAMPTON ST
MELROSE FL
32666

127 MANDARIN LAKE ROAD
MELROSE FL
32666

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:

KITTY KORTH
Name

127 MANDARIN LAKE RD
Florida street address (P.O. Box NOT acceptable)

MELROSE FL 32666
City Zip

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TALLAHASSEE, FLORIDA

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..

Kitty L Korth
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:

"AMBR" = Authorized Member

"MGR" = Manager

OWNER

MGR

AMBR

Name and Address:

KITTY KORTH OWNER
127 MANDARIN LAKE RD
MEL ROSE, FL 32668

DONI SMITH MGR
235 E. RIVER ROAD
EAST PALATKA, FL 32131

ADD HAMILTON
142 TUCKER LAKE ROAD AMBR
MELROSE, FL 32666

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 21, 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:

Kitty Korth

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.)

KITTY KORTH

Typed or printed name of signer

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)

2014 AUG 28 AM 11:12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED