

# L14000167854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

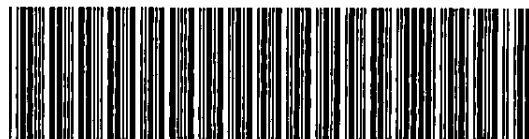
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-63378 need consent

Office Use Only



000262292290

10/14/14--01015--014 \*\*125.00

2014 OCT 28 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
EXAMINER  
OCT 28 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2014

SANDRA PASTOOR  
4531 PRESCOTT LANE  
NAPLES, FL 34119

SUBJECT: SANDRA LYNN PASTOOR LLC  
Ref. Number: W14000063378

We have received your document for SANDRA LYNN PASTOOR 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):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 714A00022311

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sandra Lynn Pastoor 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:

Sandra Pastoor  
Name of Person

Sandra Lynn Pastoor LLC  
Firm/Company

4531 Prescott Lane  
Address

Naples, FL 34119  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Pastoor at ( 239 ) 595-0714  
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

11/11/14 10:59 AM

**Subject: Consent Letter - SANDRA PASTOOR LLC**

**From: sandy@sandypastoor.com**

**Date: Tue, Oct 28, 2014 11:12 am**

**To: karen.saly@DOS.myflorida.com**

Hi Karen,

Thank you for taking my call this morning and for taking care of my LLC filing.

I had filed for SANDRA PASTOOR LLC I believe in 2006 and was assigned document number L06000077070 but for a variety of reasons I never used it. It is now inactive and I have no intention of using this.

I applied for a new SANDRA PASTOOR LLC and you sent me a letter saying this name was unavailable. This new one is the one I want to activate and use. The reference number on your letter is W14000063378. Please approve and activate this one and let me know when that has happened.

If you need any other information please let me know. I appreciate your help.

Thank you,

**Sandy Pastoor**

ARB, CDPE, RSPS, SFR, TRC

Certified Relo Specialist

**BERKSHIREHATHAWAY|Florida Realty**

**Home Services**

**Luxury Collection Specialist**

**The Ritz Carlton Naples and Park Shore**

239-595-0714 (Cell)

239-659-4200 (Office)

239-659-3392 (Fax)

[www.sandypastoor.com](http://www.sandypastoor.com)

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2014 OCT 28 PM 2:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sandra Lynn Pastoor 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:

4531 Prescott Lane

Naples, FL 34119

4531 Prescott Lane

Naples, FL 34119

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:

Sandra Pastoor

Name

4531 Prescott Lane

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

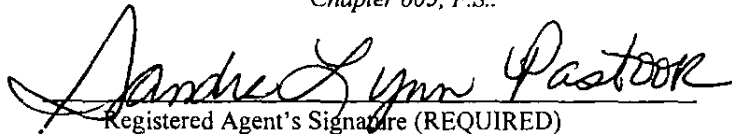
Naples

City

FL 34119

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)

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TALLAHASSEE, 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:**

Sandra Pastoor

4531 Prescott Lane

Naples, FL 34119

\_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

(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:**



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.)

SANDRA LYNN PASTOOR

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)