

L14000172144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

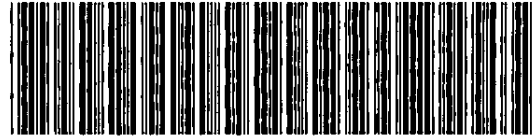
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265405411

10/17/14--01017--016 **125.00

W14-63880

FILED
14 NOV -4 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X. Birch NOV 15 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Greeks by Neon
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:

Nicole Mollison
Name of Person

Greeks by Neon
Firm/Company

700 SW 62nd Blvd, Apt B18
Address

Gainesville, FL 32607
City/State and Zip Code

nmollis1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Mollison at (561) 3861721
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

NICOLE MOLLISON
700 SW 62ND BLVD APT B18
GAINESVILLE, FL 32607

SUBJECT: GREEKS BY NEON, LLC
Ref. Number: W14000063880

We have received your document for GREEKS BY NEON, 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 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.

Tim Burch
Regulatory Specialist II

Letter Number: 914A00022487

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Greeks by Neon, 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:

700 SW 62nd Blvd

700 SW 62nd Blvd

Apt B18

Apt B18

Gainesville, FL 32607

Gainesville, FL 32607

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:

Nicole Mollison

Name

700 SW 62nd Blvd, Apt B18

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

Gainesville

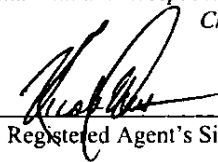
FL 32607

City

Zip

FILED
14 NOV -4 PM 4:25
SECRETARY OF STATE
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..



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

AMBR

Name and Address:

Nicole Mollison
700 SW 62nd Blvd, Apt B18
Gainesville, FL 32607

Bailey Hofmann
700 SW 62nd Blvd
Gainesville, FL 32607

AMBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV -4 PM 4:25

FILED

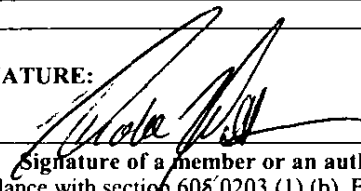
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 27, 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:



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.)

Nicole Mollison

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)