

L 15000023950

(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



700268717677

01/30/15--01002--012 **130.00

FILED
2015 JAN 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB - 9 2015

Society of Mixed Media Artists
P.O. Box 551430
Jacksonville, Florida 32255

January 26, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed our check #1170 in the amount of \$130.00, along with our completed Articles of Organization For Florida Limited Liability Company.

If you have any questions, or require additional information, please call me at (904) 962-2992.

Thank you,

A handwritten signature in black ink, appearing to read "Becky Craig". The signature is fluid and cursive, with the first name "Becky" and last name "Craig" clearly distinguishable.

Becky Craig, Treasurer
Society of Mixed Media Artists

/bc
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Society of Mixed Media Artists, 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:

Rebecca Craig
Name of Person

Society of Mixed Media Artists
Firm/Company

P.O. Box 551430
Address

Jacksonville, Florida 32255
City/State and Zip Code

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

For further information concerning this matter, please call:

Rebecca Craig at (904) 962-2992
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Society of Mixed Media Artists, 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:

1660 Highland View Court
Orange Park, Florida 32003

Mailing Address:

P.O. Box 551430
Jacksonville, Florida 32255

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:

Elizabeth Smith

Name

1660 Highland View Court

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

Orange Park

FL 32003

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.

Elizabeth Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 JAN 30 PM 4:28
CLERK OF CIRCUIT 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:

Elizabeth Smith, President

1660 Highland View Court

Orange Park, Florida 32003

MGR

Wendy Sullivan, Vice President

5949 Soloman Road

Jacksonville, Florida 32234

AMBR

Rebecca Craig, Treasurer

4325 Ripken Circle West

Jacksonville, Florida 32224

AMBR

Lynn Kazemekas, Secretary

12953 Brians Creek Drive

Jacksonville, Florida 32224

(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.)

Rebecca Craig

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)

FILED
2015 JAN 30 PM 4:28
CLERK OF STATE
TALLAHASSEE, FLORIDA