

L15000030706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

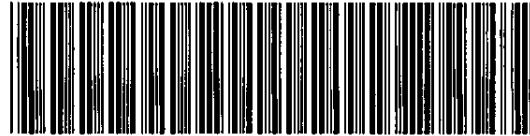
(Business Entity Name)

(Document Number)

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

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01/09/15--01019--028 \*\*160.00

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15 FEB 16 PM 3:32  
SECRET  
FALL 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUMMIT 24, 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:

Clifford Charles \_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1119 NW 29 Ave \_\_\_\_\_  
Address

Ft Lauderdale, FL 33311 \_\_\_\_\_  
City/State and Zip Code

ccacc0untinginc@gmail.com \_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Charles \_\_\_\_\_ at ( 954 ) 937-6960 \_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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15 FEB 16 PM 3:32  
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2015

CLIFFORD CHARLES  
1119 NW 29 AVE  
FT LAUDERDALE, FL 33311

SUBJECT: SUMMIT 24, LLC  
Ref. Number: W15000006085

We have received your document for SUMMIT 24, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

We received this in our office on January 9th. Therefore, the earliest effice date you can have is January 2nd.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 515A00001714

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUMMIT 24, 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:

5603 MAYO STREET  
HOLLYWOOD, FL 33023

5603 MAYO STREET  
HOLLYWOOD, FL 33023

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:

CLIFFORD CHARLES

Name

1119 NW 29 AVE

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

FORT LAUDERDALE

City

FL 33311

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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15 FEB 16 PM 3:32  
TALLAHASSEE  
SECRETARY OF STATE

**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:**

JEREMY PHILL

5603 MAYO STREET HOLLYWOOD, FL 33023

MGR

GREGORY HERCULES

5603 MAYO STREET HOLLYWOOD, FL 33023

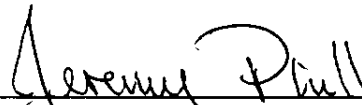
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/23/2015 (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 §05.0203 (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.)

JEREMY PHILL

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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15 FEB 16 PM 3:32  
TALLAHASSEE, FL  
SECRETARY OF STATE