

L15000031547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

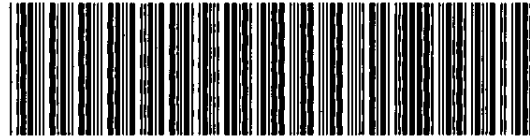
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-7344

Office Use Only



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01/21/15--01009--023 **125.00

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2015 FEB 19 PM 5:10
TALLAHASSEE FLORIDA

FEB 20 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

STACEY DAVIS, PH.D.
11 NW 33RD COURT
GAINESVILLE, FL 32607

SUBJECT: STACEY DAVIS, PHD.D., LLC
Ref. Number: W15000007344

We have received your document for STACEY DAVIS, PHD.D., 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 registered agent must sign accepting the designation.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 815A00002051

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TALLAHASSEE FLORIDA
CLERK OF THE COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stacey Davis, Ph.D., 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:

Stacey Davis, Ph.D.

Name of Person

Stacey Davis, Ph.D.

Firm/Company

11 NW 33rd Court

Address

Gainesville, FL 32607

City/State and Zip Code

staceydavis@hushmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Davis

Name of Person

at (352) 870-8173

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stacey Davis, Ph.D., 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:

11 NW 33rd Court
Gainesville, FL 32607

11 NW 33rd Court
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.)

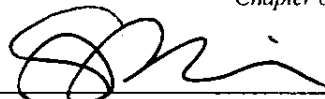
The name and the Florida street address of the registered agent are:

Stacey Davis
Name

11 NW 33rd Court
Florida street address (P.O. Box **NOT** acceptable)

Gainesville FL 32607
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
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

Owner AMBR

Name and Address:

Stacey Davis, Ph.D.

11 NW 33rd Court

Gainesville, FL 32607

(SLO)

(SLO)

~~Owner~~

~~11 NW 33rd Court~~

~~Gainesville, FL 32607~~

(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:

Stacey Davis

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.)

Stacey Davis

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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TALLAHASSEE FLORIDA