

L15000044936

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☐ WAIT

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(Business Entity Name)

(Document Number)

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02/16/15--01002--001 \*\*72.50

01/12/15--01030--016 \*\*87.50

FILED  
15 MAR 12 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 13 2015

T. HAMPTON

## COVER LETTER

Fed ID. #47-2700894

TO: Registration Section  
Division of Corporations

SUBJECT:

Olive Blessings, 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:

Deloris, Elaine, Whittingham  
Name of PersonOlive Blessings, LLC  
Firm/CompanyNot the  
Mailing  
Address→ 801 S. Olive Ave. #1020  
AddressWest Palm Beach, FL 33401  
City/State and Zip CodeL2QueenElizabeth@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deloris E. Whittingham at 561 255-3637  
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 AddressRegistration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street/Courier AddressRegistration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Already paid

in two separate  
ck's one in  
the amount

of \$87.50

& the other in  
the amount of  
\$72.50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2015

OLIVE BLESSINGS LLC.  
801 S. OLIVE AVENUE  
#1020  
WEST PALM BEACH, FL 33401

SUBJECT: OLIVE BLESSINGS, LLC.  
Ref. Number: W15000002951

RECEIVED  
15 FEB 13 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for OLIVE BLESSINGS, LLC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00000863



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

15 FEB 12 10:00 AM

REGISTRAR OF CORPORATIONS

February 13, 2015

OLIVE BLESSINGS LLC.  
801 S. OLIVE AVENUE  
#1020  
WEST PALM BEACH, FL 33401

SUBJECT: OLIVE BLESSINGS, LLC.  
Ref. Number: W15000002951

We have received your document for OLIVE BLESSINGS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 015A00003132

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olive Blessings, 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:

801 S. Olive Ave #1020  
West Palm Beach FL 33401

Mailing Address:

15375 Softwood Ct.  
Wellington FL 33414

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:

Whittingham, Deloris, E.  
Name  
15375 Softwood Ct.  
Florida street address (P.O. Box **NOT** acceptable)  
Wellington FL 33414  
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.

Deloris Whittingham  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR 12 PM 12:51  
SECRETARY 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

Name and Address:

mgr  
Deloris E. Whittingham  
15345 Softwood Ct.  
Wellington FL 33414

(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: \_\_\_\_\_

FEI # 47-2760894

REQUIRED SIGNATURE:

x Deloris E. Whittingham

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.)

Deloris E. Whittingham

Typed or printed name of signer

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  
15 MAR 12 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA