

415 6000 50179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

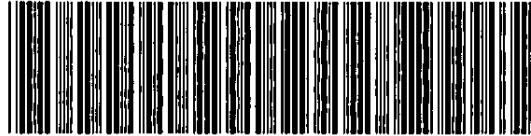
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267867123

300267867123
01/06/15--01003--008 **130.00

FILED
15 MAR -4 AM 9:41
MAR 15 2015
MAR 15 2015

RECEIVED MAR 23 2015

1113



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2015

D POCIUS
11019 BAYWIND
WEEKI WACHEE, FL 34613

SUBJECT: WRITING GALLERIA, LLC
Ref. Number: W15000003294

We have received your document for WRITING GALLERIA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00000964

**TO: Registration Section
Division of Corporations**

The enclosed Articles of Organization and fee(s) are submitted for filing.

D. Pocius

Name of Person

Firm/Company

11019 Baywind

Address

Weeki Wachee, FL 34613

City/State and Zip Code

Donnal1019@att.net

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

D. Pocius	352	238-7905
Name of Person	Area Code	Daytime Telephone Number

\$125.00 Filing Fee Certificate of Status	\$130.00 Filing Fee & Certified Copy	\$155.00 Filing Fee & Certificate of Status & (additional copy is enclosed)	\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
--	---	---	---

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:

Writing Galleria, 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:

11019 Baywind Court
Weeki Wachee FL 34613

Mailing Address:

11019 Baywind
Weeki Wachee, FL
34613

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:

D. Pocius
Name

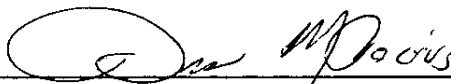
11019 Baywind
Florida street address (P.O. Box **NOT** acceptable)

Weeki Wachee FL 34613
City, State, and Zip

RECEIVED
MAR 4 2011

15 MAR - 4 AM 9:41

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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 1, 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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

D Pocius
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)

ASAP
15 MAR - 4 AM 9:41
FILED
- firm complete 12/5/14
resubmitted
2/24/15 Per Justin Schuber
- check on file, Per Justin