

L15000075285

(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:

W15-18505 INcomplete
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02/27/15--01004--025 **100.00

04/06/15--01050--001 **25.00

FILED
2015 APR -6 PM 3:44
TALLAHASSEE, FL 32309
CLERK OF DISTRICT COURT

K. SALY
EXAMINER
APR 29 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2015

CRAIG RUBADOUX
1840 LEMON AVE.
ENGLEWOOD, FL 34223

SUBJECT: RUBADOUX STUDIOS LLC
Ref. Number: W15000018505

We have received your document for RUBADOUX STUDIOS LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We have received two documents and neither are complete. Please choose which filing you wish, ~~Foreign LLC~~ of Florida LLC, and complete the form.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00005265

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUBADOUX STUDIOS
Name of Limited Liability Company

The enclosed "Application by ~~Foreign~~ Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CRAIG RUBADOUX
Name of Person

RUBADOUX STUDIOS
Firm/Company

1840 LEMON AV
Address

ENGLEWOOD FL 34223
City/State and Zip Code

CRAIG RUBADOUX @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG RUBADOUX at (941) 460 1727
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

25.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUBADOX STUDIOS 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:

1840 LEMON AV
ENGLEWOOD FL 34223

Mailing Address:

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:

CRAIG RUBADOX
Name
1840 LEMON AV
Florida street address (P.O. Box **NOT** acceptable)
ENGLEWOOD FL 34223
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

AMBR

Name and Address:

CRAIG RUBADOX
1840 LEAN AV

ENGLEWOOD FL 34223

ELIZABETH SMITH
10403 BUFFTON CT
CHARLOTTE NC 28247

CRAIG SCOTT RUBADOX

226 2ND ST

MERRIT ISLAND FL

32952

(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.)

CRAIG RUBADOX

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
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA