

L15000076195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

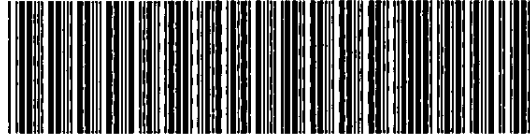
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/15--01013--013 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2015
J. HARRIS

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW • SINCE 1948

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April 20, 2015

Certified Mail No. 7014 3490 0001 1049 5033
Return Receipt Requested

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Filing of Articles of Organization
Our File No. JH11L-1
Julia Harrell Interiors, LLC

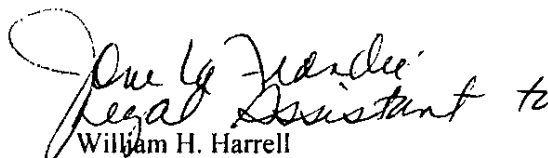
Dear Sir or Madam:

Enclosed for filing please find Articles of Organization of Julia Harrell Interiors, LLC. Also enclosed please find our client's check in the amount of \$125.00 representing the filing fee.

If you have any questions in regard to this matter, please give me a call at our Lakeland office.

Thank you for your assistance in this regard.

Sincerely,


William H. Harrell

jml
Enclosures (as stated)

M. DAVID ALEXANDER, III
JOHN B. ALLEN
PHILIP O. ALLEN
KEVIN A. ASHLEY
JACK P. BRANDON
JOSHUA K. BROWN
DEBRA L. CLINE

J. DAVIS CONNOR
DAVID G. FISHER
JOHN R. GRIFFITH
DAVID E. GRISHAM
WILLIAM H. HARRELL
TIMOTHY E. KILEY
KEVIN C. KNOWLTON

DAVID A. MILLER
CHRIS M. MORRISON
CORNEAL B. MYERS
E. BLAKE PAUL
ROBERT E. PUTERBAUGH
THOMAS B. PUTNAM, JR.
DEBORAH A. RUSTER

STEPHEN R. SENN
LOUISE W. SPIVEY
MATTHEW J. VAUGHN
KEITH H. WADSWORTH



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Julia Harrell Interiors, 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:

William H. Harrell, Esq.
Name of Person

Peterson & Myers, P.A.
Firm/Company

225 East Lemon Street, Suite 300
Address

Lakeland, FL 33801
City/State and Zip Code

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

For further information concerning this matter, please call:

William H. Harrell at (863) 660-9402
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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Julia Harrell Interiors, 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:

842 Orange Park Avenue
Lakeland, FL 33801

842 Orange Park Avenue
Lakeland, FL 33801

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:

William H. Harrell

Name

225 East Lemon Street, Suite 300

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

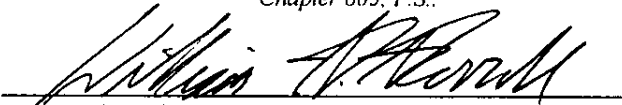
Lakeland

FL 33801

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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TALLAHASSEE, FLORIDA

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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:

Julia K. Harrell

842 Orange Park Avenue

Lakeland, FL 33801

(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.

This company is to be manager-managed.

REQUIRED SIGNATURE:

Julia Harrell

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.)

Julia K. Harrell

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA