

L15000076592

(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:

611, 6206

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03/20/15--01026--017 **130.00

effective 04/01/2015

FILED
15 APR -8 PM 1:29
TALLAHASSEE
FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: By Olivia 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:

Olivia Orth
Name of Person

By Olivia LLC
Firm/Company

1029 SE 18th Place
Address

Cape Coral, FL 33990
City/State and Zip Code

doubleo77@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Orth at (239) 246-1646
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 APR -3 PM 1:29
TALLAHASSEE, FL

April 21, 2015

Olivia Orth

1029 SE 18th Place

Cape Coral, FL 33990

To Whom It May Concern:

A representative of the Division of Corporations informed me today that the LLC articles I sent previously were not signed. I am sending new articles for By Olivia LLC. You have already processed my payment in the amount of \$130.00 for Filing Fee & Certificate of Status.

Please direct any questions to myself at 239-246-1646.

Thank you,

A handwritten signature in cursive script that reads "Olivia Orth".

Olivia Orth



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2015

OLIVIA ORTH
BY OLIVIA LLC
1029 SE 18TH PLACE
CAPE CORAL, FL 33990

SUBJECT: BY OLIVIA LLC
Ref. Number: W15000026820

We have received your document for BY OLIVIA 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):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 115A00007692

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

By Olivia 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:

1029 SE 18th Place
Cape Coral, FL 33990

1029 SE 18th Place
Cape Coral, FL 33990

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:

Olivia Orth
Name

1029 SE 18th Place
Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33990
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..

Olivia Orth
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR - 3 PM 1:29
TALLAHASSEE
SECRETARY OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Olivia Orth

1029 SE 18th Place

Cape Coral, FL 33990

(Use attachment if necessary)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Olivia Orth

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.)

Olivia Orth

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)