L15000060017

(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:
Name 15 not available L11-71679 W15-29268
L11-71679
W15-29268

Office Use Only



800271701508

04/15/15--01017--004 **130.00

SECRETARY OF STATE

15 APR 15 AM 11: 2

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Excelcor Name of Li	imited Liability Company	<u>.</u>
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Chamaine	Stakes Name of Person	
/ ^	Firm/Company	
6322 Gordol	Address	
Riverview, FL	33578 City/State and Zip Code	
maine 2530@ an E-mail address: (to be use	na) com ed for future annual report notifica	ation)
For further information concerning this matter, ple		
Chamaine Stokes at (813) 335 - 160 Area Code Daytime Te	ephone Number
Enclosed is a check for the following amount: \$125.00 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	Street/Courier Add	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Excelcor L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6322 Gondola Dr. Riverview FL 33579	6322 Gondola Dr. Riverview, FL 33528
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	
Chamaine Sto	Kes
Name	
6322 Gondola	Dr.
Florida street address (P.O. Box N	OT acceptable)
Riverview, City	FL 33578 Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance attions of my position as registered agent as provided for in 605, F.S
Phys. C. Mh. Registered Agent's Signatur	(REQUIRED)
Registered Agent 8 Signatur	e (ve Kolved)
(CONTINUEL	0)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
Chamaine Stakes	
44 C C	
MGR	Chamaine Stokes
•	Chamaine Stokes 6322 Gondola Dr. Riverview, FL 33519
	K.Very.ev, FL 3:3/Y
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Page 2 of 2

FILED

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ECRETARY OF STATE

LAMASSEE, FLORID.



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2015

Mainepro-New Name

15 HAY -6 AM IO: 00

NOTE: THE CONTROL OF THE CONTR

CHAMAINE STOKES 6322 GONDOLA DR RIVERVIEW, FL 33578

SUBJECT: EXCELCOR L.L.C Ref. Number: W15000029268

We have received your document for EXCELCOR L.L.C 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 242-6051.

WESTLEE A PAINTER Regulatory Specialist II

Letter Number: 515A00008467

15 APR 15 AM II: 28

COVER LETTER

то:	Registration Division of C					
CHDH	MainePro					
GUDJI			of Limit	ted Liabil	ity Company	
The en	closed Articles	of Organization and fe	ee(s) are s	submitted	for filing.	
Please	return all corres	pondence concerning	this matt	er to the	following:	
	Chamaine	Stokes				
			-	Name of	Person	
	N/A					
				Firm/Co	mpany	·
	6322 Gond	ola Dr.				
				Addr	ess	
	Riverview,	FL 33578				
	maine2530@	Demail.com	City	y/State an	d Zip Code	
			oe used fo	or future a	unnual report notificat	ion)
For furth	er information c	oncerning this matter	, please c	all:		
	Chamaine S	Stokes	813 at (335-1649	
	Na	me of Person	- \	a Code	Daytime Telephor	
Enclos	ed is a check for	the following amoun	t:			
\$125.0	0 Filing Fee	\$130.00 Filing Fo Certificate of Sta	tus	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
						<u> </u>

Mailing Address

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

Street Address

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

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MainePro L.L.C. (Must er	nd with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal of	office of the Limited	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Addres	<u>s</u> :
6322 Gondola Dr		6322	Gondola Dr.	
Riverview, FL 335	578	Rive	rview, FL 33578	
•	an active Florida registration active Florida registere	·		
•	•	·		
•	Chamaine Stokes 6322 Gondola Dr.	d agent are: Name		
•	Chamaine Stokes 6322 Gondola Dr.	d agent are:	eceptable)	
•	Chamaine Stokes 6322 Gondola Dr.	d agent are: Name	eceptable)	
The name and the Florida stre	Chamaine Stokes 6322 Gondola Dr. Florida street address	d agent are: Name SS (P.O. Box NOT ac	•	

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

5 APR | 5 AM | 1: 28

Chamaine Stokes 6322 Gondola Dr. Riverview, FL 33578 Use attachment if necessary) V: Effective date, if other than the date of filing, N/A (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. 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.) Chamaine Stokes Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	Title:	Name and Address:
Use attachment if necessary) V: Effective date, if other than the date of filing: N/A (OPTIONAL) V: Effective date, if other than the date of filing: N/A (OPTIONAL) V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) In date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. 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 docum 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.) Chamaine Stokes Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	
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Page 2 of 2

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