

L15000094833

(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



700270248127

Effective Date 6/2/15

03/17/15--01004--001 **130.00

RECEIVED

15 JUN -4 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 JUN -4 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2015
J. HARRIS

FILED - JUN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRISH SETTERS 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:

James Joseph Delaney
Name of Person

Irish Setters

Firm/Company

4751 Blue Pine Cir

Address

Lake Worth Fla 33463

City/State and Zip Code

Jimjd1969@gmail.com

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

For further information concerning this matter, please call:

James Delaney at (561) 667-2208
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

JAMES JOSEPH DELANEY
4751 BLUE PINE CIR
LAKE WORTH, FL 33463

SUBJECT: JAMES DELANEY TILE & MARBLE LLC
Ref. Number: W15000024714

We have received your document for JAMES DELANEY TILE & MARBLE 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 17, 2015. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00010816

FILED
15 JUN -4 PM 2:12
DIVISION OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

JAMES JOSEPH DELANEY
4751 BLUE PINE CIR
LAKE WORTH, FL 33463

SUBJECT: JAMES DELANEY TILE & MARBLE LLC
Ref. Number: W15000024714

FILED
15 JUN -4 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JAMES DELANEY TILE & MARBLE 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 17, 2015. Please amend your document accordingly.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 315A00008930



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2015

JAMES JOSEPH DELANEY
4751 BLUE PINE CIR
LAKE WORTH, FL 33463

SUBJECT: IRISH SETTERS LLC
Ref. Number: W15000024714

FILED
15 JUN -4 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for IRISH SETTERS 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 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."

The document number of the name conflict is L10000026348.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 17, 2015. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00007084

FILED
15 JUN -4 PM 2:12
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Effective Date 6/2/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~FRESH START LLC~~ James Delaney Tile & Marble
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:

4751 Blue Pine Cir.
Lake Worth FL 33463

Mailing Address:

4751 Blue Pine Cir
Lake Worth FL 33463

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:

James Joseph Delaney
Name
4751 Blue Pine Cir Lake Worth
Florida street address (P.O. Box **NOT** acceptable)
Lake Worth FL 33463
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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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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~~

AMBR

Name and Address:

~~4151 Blue Pine Cir~~
~~4151 Blue Pine Cir~~
~~4151 Blue Pine Cir~~
~~4151 Blue Pine Cir~~

4151 Blue Pine Cir
Lake Worth, FLA 33463
James J Delaney

(Use attachment if necessary)

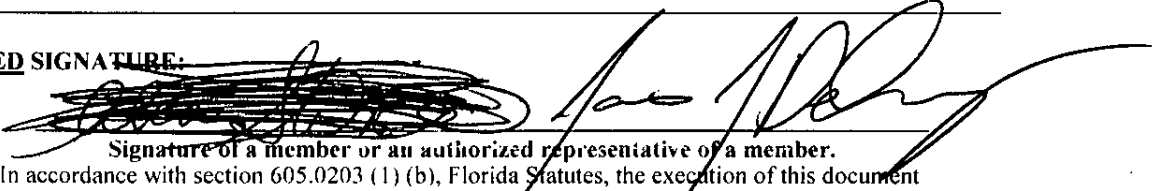
June 2 2015

ARTICLE V: Effective date, if other than the date of filing: ~~January 13, 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:


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.)

~~AUSA Stone~~

James J Delaney

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)