# L15000111336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
WIH-41152

Office Use Only



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07/02/14--01009--016 \*\*130.00



#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT: FRANGIPANI, LLC.

The Enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**CHARLOTTE MOORE** 140 Rivercove Lane Vero Beach, Florida 32963

For further information concerning this matter, please call:

CHARLOTTE MOORE at 772-231-5497 or \$772-696-0057- Cell

Enclosed is a check for the following amount:

Already paid- see attalet

□\$125.00 Filing Fee □\$130.00 Filing Fee &

Certificate of Status

□\$155.00 Filing Fee & □\$160.00 Filing Fee

Certified Copy

Certificate of Status

(Additional copy is enclosed) Certified Copy

(Additional copy is enclosed)

#### Mailing Address

Registration Section **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

#### **Street/Courier Address**

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2014

CHARLOTTE MOORE 140 RIVERCOVE LANE VERO BEACH, FL 32963

SUBJECT: FRANGIPANI, LLC Ref. Number: W14000041152

HECENED

15 JUN 30 PM 5: 09

SECRELARY OF STATE

SECRELARY OF STATE

We have received your document for FRANGIPANI, 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.

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000018501.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00016733

\*Corrected Name

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## FRANGIPANI KW. 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:** 

1020 VON PHISTER ST.

KEY WEST, FL 33040

P.O. BOX 643787

VERO BEACH, FL 32964-3787

#### 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:

# **BARBARA CHARLOTTE MOORE**

Name

## 1020 VON PHISTER

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

# KEY WEST, FL 33040

City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGR	BARBARA CHARLOTTE MOORE
	PO BOX 643787
	VERO BEACH, FL 32964-3787
MGRM	RICHARD BURTON MOORE
	PO BOX 643787
	VERO BEACH, FL 32964-3787
(Use attachment if necessary)	
<b>LEV:</b> Effective date, if other t	than the date of filing: (OPTIONAL)
days after the date of filing.)	must be specific and cannot be more than five business days p
days after the date of iming.)	
REQUIRED SIGNATURE:	
 B. W	an Chama
T NOW	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

BARBARA CHARLOTTE MOORE

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)