

W15000134521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

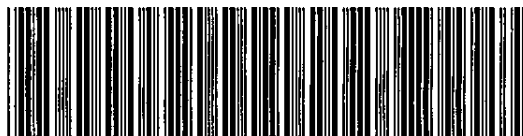
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AUG 10 2015

R. WHITE

RECEIVED
TALLAHASSEE, FLORIDA

15 AUG -6 AM 8:02

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2015

LAUREN ESCANDON
875 WELLINGTON AVE
OVIEDO, FL 32765

SUBJECT: LAUREN ESCANDON, CPA, LLC
Ref. Number: W15000049925

RECEIVED AUG
6 2015

We have received your document for LAUREN ESCANDON, CPA, LLC and your check(s) totaling \$125.00. 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 July 17, 2015. Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 915A00015580

*Please
find attached
document with
corrected effective
date*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lauren Escandon, CPA, 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:

Lauren Escandon
Name of Person

Lauren Escandon, CPA, LLC
Firm/Company

875 Wellington Avenue
Address

Oviedo, FL 32765
City/State and Zip Code

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

For further information concerning this matter, please call:

Lauren Escandon 407 617-7168
at ()
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)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lauren Escandon, CPA, LLC

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

15 AUG -6 AM 8:02

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

875 Wellington Avenue
Oviedo, FL 32765

Mailing Address:

875 Wellington Avenue
Oviedo, FL 32765

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:

Lauren A Escandon

Name

875 Wellington Avenue

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

Oviedo

FL

32765

City

State

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..

Lauren A Escandon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Lauren A Escandon

875 Wellington Avenue

Oviedo, FL 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/1/2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lauren A. Escandon

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.)

Lauren A Escandon

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)