

L15D000135907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

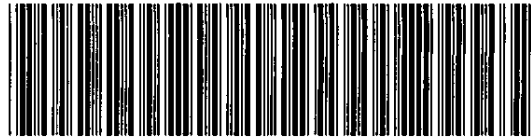
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 AUG 11 AM 10:36

AUG 12 2015
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raven's Whisk, 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:

Elisha Griffith
Name of Person

Raven's Whisk, LLC
Firm/Company

11 Carey Ave
Address

Pensacola, FL 32506
City/State and Zip Code

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

For further information concerning this matter, please call:

Elisha at (850) 326-0794
Name of Person Area Code Daytime Telephone Number

850 326-0794

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 Address

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



RECEIVED AUG 11 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2015

ELISHA GRIFFITT
11 CAREY AVE
PENSACOLA, FL 32506

SUBJECT: RAVEN'S WHISK, LLC
Ref. Number: W15000052030

My Cell # 850-326-0794 is
my daytime number. I have it
with me at all times. I have no
restrictions on answering. It is
the number listed and I'm not
sure what happened when you called.
I tried to call your number and
could not get through. I only heard
three beeps and then a disconnected.

We have received your document for RAVEN'S WHISK, 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):

We regret that we were unable to contact you by phone. Please return the
corrected document with a letter providing us with a telephone number where
you can be reached during working hours.

The person designated as registered agent in the document and the person
signing as registered agent must be the same.

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: 215A00016179

I put everyone's # on back
and told them to please answer.
I'm sorry for any trouble. Sharee (Loric)
goes by her middle name. Thanks for all
your help. :). Corrections made
E. Griffitt

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raven's Whisk, 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:

11 Carey Ave
Pensacola, FL 32506

Mailing Address:

11 Carey Ave
Pensacola, FL 32506

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:

Lorie Sharee Harman
Name

850-326-0783

11 Carey Ave
Florida street address (P.O. Box NOT acceptable)
Pensacola, FL 32506
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.

Lorie Sharee Harman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

* Sharee was my
middle name

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DIVISION OF CORPORATE AFFAIRS
2015 AUG 11 AM 10:36

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Sharee Harman ~~AMBR~~ MGR 11 Carey Ave 850-328-0783
Pensacola, FL 32506

Elisha Griffith ~~AMBR~~ AMBR 11 Care Ave 850-326-0794
(Owner) Pensacola, FL 32506

Sandy Veilleux MGR 719 West Gregory St. 850-221-1678
Pensacola, FL 32502

Darren Griffith MGR 11 Carey Ave
Pensacola, FL 32506 850-326-4364

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:


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.)

Elisha Griffith

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)