

L15000145987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

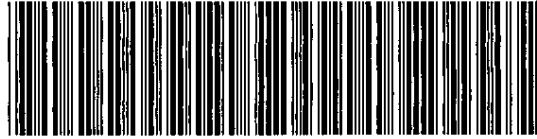
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

misspelled  
word

WIS-49078

Office Use Only



600274573856

07/14/15--01029--013 \*\*130.00

15 AUG 24 PM 9:14  
SECRETARY OF STATE  
ADMINISTRATIVE SERVICES

FILED

SEP 01 2015

W PAINTER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Southeast Enterproses, LLC dba Southeast Gun S.H.O.T.S.  
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:

David Hennon

Name of Person

Southeast Enterproses, LLC dba Southeast Gun S.H.O.T.S.

Firm/Company

1788 Robert Street

Address

Longwood, FL 32750

City/State and Zip Code

DHENNON@CFL.RR.COM

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

For further information concerning this matter, please call:

David Hennon

407

625-3283

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)

**Mailing Address**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED AUG 26 2015

August 11, 2015

DAVID HENNON \*\*\*\*\*2ND MAILING\*\*\*\*  
1788 ROBERT ST  
LONGWOOD, FL 32750

SUBJECT: SOUTHEAST ENTERPROSES, LLC  
Ref. Number: W15000049678

We have received your document for SOUTHEAST ENTERPROSES, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6052.

WESTLEE A PAINTER  
Regulatory Specialist II

Letter Number: 715A00015520

FILED  
15 AUG 24 PM 9:14  
SECRETARY OF STATE  
ALLAHABAD, INDIA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED AUG 6 2015

July 23, 2015

DAVID HENNON  
1788 ROBERT ST  
LONGWOOD, FL 32750

SUBJECT: SOUTHEAST ENTERPROSES, LLC  
Ref. Number: W15000049678

We have received your document for SOUTHEAST ENTERPROSES, 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):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

ENTERPRISE APPEARES TO BE MISSPELLED.,

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.

WESTLEE A PAINTER  
Regulatory Specialist II

Letter Number: 715A00015520

15 AUG 24 PM 9:14  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Southeast Enterprises, 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:

David Hennon  
Name of Person

Southeast Enterprises, LLC  
Firm/Company

1788 Robert Street  
Address

Longwood, Florida 32750  
City/State and Zip Code

DHENNON@CEL.RR.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hennon at ( 407 ) 625-3283  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

15 AUG 24 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southeast Enterprises, 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:

1788 Robert Street

Longwood, FL 32750

478 E. Altamonte Drive, Ste 730

Altamonte Springs, FL 32701

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:

David Hennon

Name

1788 Robert Street

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


Longwood

City

FL 32750

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)

Page 1 of 2

FILED  
15 AUG 24 PM 9:14  
SECRETARY OF STATE  
AT 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

MGR

**Name and Address:**

David Hennon

1788 Robert Street

Longwood, Florida, 32750


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/1/15 (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.)

David Hennon

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)**

SECRETARY OF STATE  
H. A. S. S. F. P. O. BOX 1200  
TALLAHASSEE, FL 32302-1200

15 AUG 24 PM 9:14

FILED