

L15000147 195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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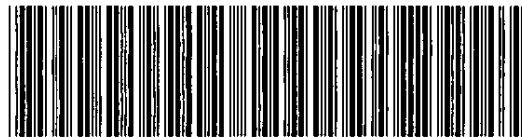
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
AT 15000147 195

SEP 02 2015
W PAINTER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atkins Property Network, 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:

Joalbee Aisley Quaglia Atkins

Name of Person

Firm/Company

2012 Bluebonnet Way

Address

Fleming Island, FL 32003

City/State and Zip Code

jaqatkins@aol.com

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

For further information concerning this matter, please call:

<u>Joalbee Aisley Quaglia Atkins</u>	<u>904</u>	<u>215-4799</u>
<u>Name of Person</u>	<u>at ()</u>	<u>Daytime Telephone Number</u>
	<u>Area Code</u>	

Enclosed is a check for the following amount:

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atkins Property Network, 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:

2012 Bluebonnet Way
Fleming Island, FL 32003

Mailing Address:

P.O. Box 8634
Fleming Island, FL 32006

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:

Joalbee Aisley Quaglia Atkins
Name

2012 Bluebonnet Way
Florida street address (P.O. Box **NOT** acceptable)

<u>Fleming Island</u>	<u>FL</u>	<u>32003</u>
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 AUG 26 AM 4:44
CLERK OF DISTRICT COURT
JANUARY 27, 2016
401 N. GULF BLVD. SUITE 100
FLEMING ISLAND, FL 32006

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:

Joalbee Aisley Quaglia Atkins

2012 Bluebonnet Way

Fleming Island, FL 32003

AMBR

Joel W. Atkins

2012 Bluebonnet Way

Fleming Island, FL 32003

(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.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Joalbee Aisley Quaglia Atkins

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)

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STATE OF FLORIDA
DEPARTMENT OF STATE
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