

L15000150704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

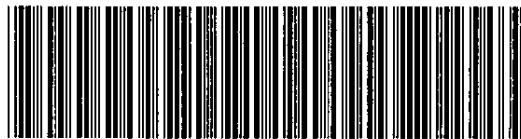
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

I pulled Title from
old form. V H

WHS-55753

Office Use Only



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08/11/15--01023--016 **113.75

09/10/15--01002--022 **11.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -4 AM 8:17

APPROVED
AND
FILED

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARLTON & KARLTON LIMITED LIABILITY Co.
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:

CARLTON MILLER

Name of Person

CARLTON & KARLTON LIMITED LIABILITY Co.
Firm/Company

P.O. Box 141762

Address

GAINESVILLE, FL. 32614

City/State and Zip Code

BAMBA 1784@NETZERO.NET

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

For further information concerning this matter, please call:

CARLTON MILLER at (352) 275-7254

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

\$11.25

☐ \$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

val



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2015

CARLTON MILLER
PO BOX 141762
GAINESVILLE, FL 32614

SUBJECT: CARLTON & KARLTON
Ref. Number: W15000055253

We have received your document for CARLTON & KARLTON and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

****The correct form is enclosed. *****You have a balance due of \$11.25

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 415A00017392

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 SEP -4 AM 8:17

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARLTON & KARLTON LIMITED LIABILITY COMPANY
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

811 NW 42 TER
GAINESVILLE, FL.
32605

Mailing Address:

P.O. BOX 141762
GAINESVILLE, FL.
32614

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:

Carlton Miller
Name

811 N.W. 42 TERR
Florida street address (P.O. Box **NOT** acceptable)
GAINESVILLE, FL. 32605
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..

Carlton Miller
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

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

15 SEP - 1 AM 8:17

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Owner
CARLTON MILLER

811 NW 61 TER
GAINESVILLE, FL.
32605

(Use attachment if necessary)

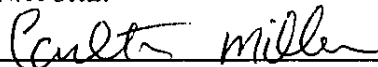
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

CARLTON MILLER

Typed or printed name of signer

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)