

L15000162004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

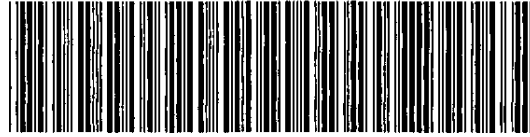
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Special Instructions to Filing Officer:

~~W15-59532~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

189 12016 671

SEP 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLYING BETTY 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:

Ora P. Vorpe

Name of Person

FLYING BETTY LLC

Firm/Company

684 Battersea Drive

Address

St Augustine, Florida 32095

City/State and Zip Code

opv@comcast.net

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

For further information concerning this matter, please call:

Ora P. Vorpe

904

612-5967

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

August 31, 2015

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

Attached are the Articles of Organization and Designation of Registered Agent. Enclosed is a check in the amount of \$155.00

Thank you,
Ora P Vorpe
684 Battersea Drive
St. Augustine, Florida 32095
904-460-2045 (home)
904-612-5967 (cell)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2015

ORA P. VORPE
684 BATTERSEA DRIVE
ST AUGUSTINE, FL 32095

SUBJECT: FLYING BETTY LLC.
Ref. Number: W15000059532

We have received your document for FLYING BETTY LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 915A00019027

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLYING BETTY 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:

684 Battersea Drive
St. Augustine, Florida 32095

Mailing Address:

684 Battersea Drive
St. Augustine, Florida 32095

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:

Henry A. Vorpe, Jr.

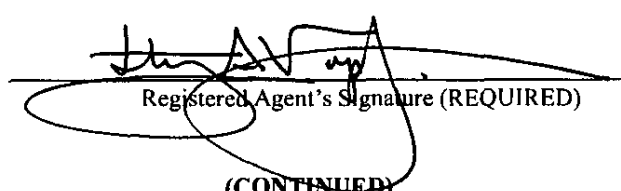
Name

684 Battersea Drive

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

<u>St. Augustine</u>	<u>Florida</u>	<u>32095</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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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:

Henry A. Vorpe, Jr.
684 Battersea Drive
St. Augustine, FL 32095

AMBR

Ora P Vorpe
684 Battersea Drive
St Augustine, FL 32095

(Use attachment if necessary)

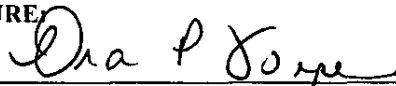
ARTICLE V: Effective date, if other than the date of filing: September 1, 2015 (OPTIONAL)

(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



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.

Ora P Vorpe

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)