

L15000168476

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

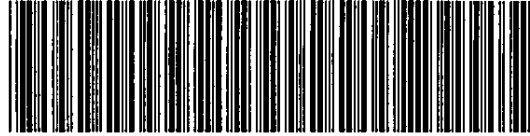
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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09/28/15--01026--009 \*\*155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 28 PM 12:03

10/5 CR

September 25, 2015

To Whom It May Concern:

Enclosed is my information and check for My Favorite Finds, LLC.

My information is  
Seneca Moss Reynolds  
180 Lake Drive  
Unit 2301  
Palm Beach Gardens, FL 33404

Phone 561-339-5022

Thank you,  
Seneca Moss Reynolds

Is it possible to email me confirmation  
of this application and the new  
business information so that I may open  
a checking account?

Thank you,

Seneca M. Reynolds

email: seneca@senecamoss.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Favorite Finds, 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:

Seneca Moss Reynolds

Name of Person

Firm/Company

180 Lake Drive Unit 2301

Address

Palm Beach Shores, FL 33404

City/State and Zip Code

senecamospb@gmail.com

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

For further information concerning this matter, please call:

Seneca Reynolds

561

3395022

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My Favorite Finds, 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:

180 Lake Drive Unit 2301  
Palm Beach Shores, FL 33404

180 Lake Drive Unit 2301  
Palm Beach Shores, FL 33404

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:

Seneca Moss Reynolds

Name

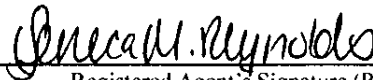
180 Lake Drive Unit 2301

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

Palm Beach Shores      FL      33404

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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 28 PM 12:03

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

**Name and Address:**

Seneca Moss Reynolds

180 Lake Drive Unit 2301

Palm Beach Shores, FL 33404

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

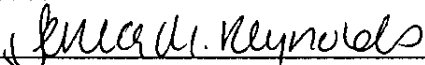
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Seneca Moss Reynolds

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)**