

L15000174240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

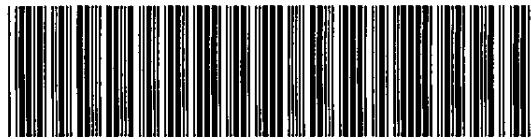
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277113071

03/17/15--01006--023 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT 12 AM 9:08

W15 -063737

10/14/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2015

PAGE ROUSH
200 NORTH VALLEY ROAD
FRUITLAND PARK, FL 34731

SUBJECT: SILLYBEANZLAND, LLC
Ref. Number: W15000063737

RECEIVED OCT 12 2015

We have received your document for SILLYBEANZLAND, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L13000131419 (SILLYBEANZ LAND LLC).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 315A00020179

I want the name to remain like the papers
I sent, Silly Beanz Land, LLC. with it one word.
I let the other business name go, because I
wanted the name change and to be the only
member. *See the attached affidavit.

I thank you,
Page Roush

AFFIDAVIT

October 6, 2015

This is an affidavit that we have no intention of reinstating the name Silly Beanz Land LLC, document number L13000137419 that was dissolved/revoked, therefore releasing the name for use to another entity. Owners/members of Silly Beanz Land LLC:

Page Roush and John Treter

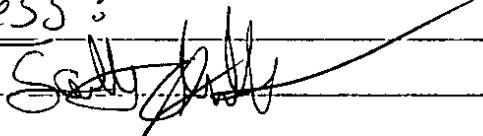
4921 Griffin View DR. 4921 Lake Griffin View DR.

Lady Lake, FL 32159 Lady Lake FL 32159

Sincerely,

Page Roush
John Treter

Witness:



15 OCT 12 AM 9:04
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SillyBeanzLand, LLC
SUBJECT: _____**

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:

Page Roush

Name of Person

SillyBeanzLand, LLC

Firm/Company

200 North Valley Road

Address

Fruitland Park, Florida 34731

City/State and Zip Code

sillybeanzland@yahoo.com

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

For further information concerning this matter, please call:

Page Roush **352** **326-4284**
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:

SillyBeanzLand, 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:

200 North Valley Road
Fruitland Park, Florida 34731

Mailing Address:

200 North Valley Road
Fruitland Park, Florida 34731

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:

Page Copenhaver Roush

Name

200 N Valley Rd

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

<u>Fruitland Park</u>	<u>Florida</u>	<u>34731</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.

Page Copenhaver Roush

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 12 AM 9:04

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:

Page Copenhaver Roush
200 North Valley Road
Fruitland Park, Florida 34731

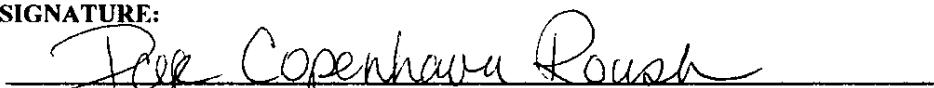
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/11/15. (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.)

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.

Page Copenhaver Roush

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)