

L15000187278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

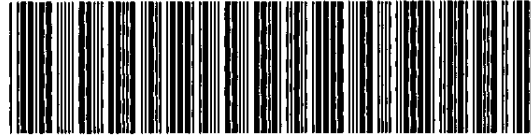
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/15--01011--014 **155.00

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15 OCT 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15
11/5/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: In the Round L.L.C.
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:

Bridgett Vadeboncoeur
Name of Person
In the Round
Firm/Company
4753 Palm Valley Road
Address
Palm Ponte Vedra, Florida 32082
City/State and Zip Code
bccarl@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgett Vadeboncoeur at (407) 620-3838
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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 OCT 30 PM 3:04
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT 30 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 21, 2015

BRIDGETT VADEBONCOEUR
4753 PALM VALLEY ROAD
PONTE VEDRA, FL 32082

SUBJECT: IN THE ROUND L.L.C.
Ref. Number: W15000069893

We have received your document for IN THE ROUND L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 215A00022322

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15 OCT 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

In the Round L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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15 OCT 30 PM 3:04

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:

4753 Palm Valley Rd
PVB, FL 32082
Ponte Vedra Beach, FL 32082

Mailing Address:

4753 Palm Valley Rd
PVB, FL 32082
Ponte Vedra Bch, FL 32082

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:

CARMA BLUE

Name

3720 PLANTED CREEK CIR W

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

JACKSONVILLE FL 32224

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)

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:

Bridgett Vadeboncoeur

475.3 Palm Valley Rd

PKB, FL 32082

Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

October January 1, 2016

ARTICLE V: Effective date, if other than the date of filing: October 10, 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:

Bvad

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Bridgett Vadeboncoeur

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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