

L15000197490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

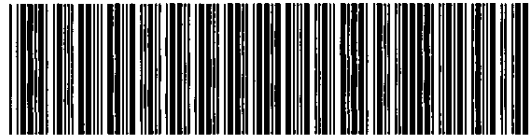
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

W15  
68636



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10/07/15--01010--016 \*\*130.00

FILED  
15 NOV 20 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 3 0 2015  
S. GILBERT



RECORDED

15 NOV 20 PM 12:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SEVEN  
TALLAHASSEE, FLORIDA

November 2, 2015

CHRISTOPHER COLEMAN  
POST OFFICE BOX 503  
HASTINGS, FL 32145

SUBJECT: COLEMAN ENTERPRISE INTERNATIONAL LLC  
Ref. Number: W15000068636

We have received your document for COLEMAN ENTERPRISE INTERNATIONAL 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 registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00021895

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coleman Enterprise International  
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:

Christopher Coleman

Name of Person

Coleman Enterprise International

Firm/Company

308 North Main Street

Address

Hastings, Florida 32145

City/State and Zip Code

limodriver05@aol.com

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

For further information concerning this matter, please call:

Christopher Coleman      904      501-4577X  
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:

Coleman Enterprise International llc

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

FILED  
15 NOV 20 PM 12:50  
CLERK OF DISTRICT COURT  
ALLAHBEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

308 North Main Street

Hastings, Florida

32145

Mailing Address:

P.O. Box 503

Hastings, Florida

32145

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:

Christopher Coleman

Name

308 North Main Street

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

Hastings

Florida

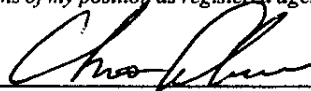
32145

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

**Name and Address:**

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(Use attachment if necessary)

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

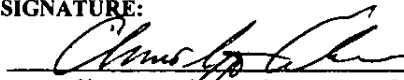
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Christopher Coleman

\_\_\_\_\_  
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)