

L15000209337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

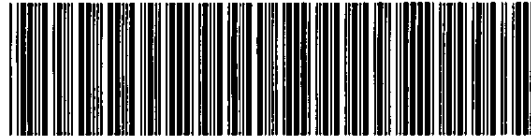
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/15--01016--007 **130.00

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15 DEC -9 PM 12:49

CLERK OF STATE
TALLAHASSEE, FLORIDA

12/21/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: David R. Fletcher 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:

David R. Fletcher

Name of Person

Firm/Company

6622 Southpoint Drive South Ste. 330

Address

Jacksonville, Florida 32216

City/State and Zip Code

drflaw@aol.com

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

For further information concerning this matter, please call:

David R. Fletcher

904

716-2104

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

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16 DEC -9 PM 12:49
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC -9 PM 12:59

November 23, 2015

DAVID R. FLETCHER
6622 SOUTHPOINT DRIVE SOUTH
SUITE 330
JACKSONVILLE, FL 32216

SUBJECT: DAVID R. FLETCHER LLC
Ref. Number: W15000076443

FILED
15 DEC -9 PM 12:49
DAVID R. FLETCHER
JACKSONVILLE, FL

We have received your document for DAVID R. FLETCHER 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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

✓ 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.

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: 615A00024666

AFFIDAVIT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

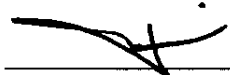
STATE OF FLORIDA)
)
COUNTY OF DUVAL)

Comes now, David R. Fletcher, and says:

1. That I am currently President and Owner of David R. Fletcher P.A.
2. That I am closing the corporation under that name.
3. That I am filing to create an LLC under the name of David R. Fletcher LLC.

FURTHER AFFIANT SAYETH NOT.


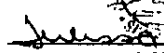
IN WITNESS WHEREOF I have executed the foregoing affidavit this 8th day of
December 2015.



David R. Fletcher

STATE OF FLORIDA)
COUNTY OF DUVAL)

The foregoing instrument was sworn to and subscribed before me this 8th day of
December, 2015 by David R. Fletcher, who is personally known to me or who has
produced Florida Driver License _____ as identification, and
who did take an oath.

 JULISSA ROA KAGAN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE172170


Notary Public, State of Florida at Large
My Commission Expires: 2/21/2016
Commission Number: EE172170

EFFECTIVE DATE 01/01/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David R. Fletcher LLC.

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6622 Southpoint Drive South Ste. 330
Jacksonville, Florida 32216

same

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:

David R. Fletcher

Name

6622 Southpoint Drive South

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

Jacksonville

Florida

32216

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

AMBR

Name and Address:

David R. Fletcher

6622 Southpoint Drive South Ste.330

Jacksonville, Florida 32216

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/16 (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.

David R. Fletcher

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA