

L160000003925

(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



000280888540

01/11/16--01004--017 \*\*125.00

RECEIVED  
DEPARTMENT OF ST  
JAN 11 2016  
SUFFICIENCY OF FILING

16 JAN 11 PM 2:41

RECEIVED  
DEPARTMENT OF ST  
JAN 11 2016  
SUFFICIENCY OF FILING

16 JAN 11 PM 2:41

JAN 11 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FC Holdings 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:

Anthony Campana  
Name of Person

FC Holdings LLC  
Firm/Company

2113 High Road  
Address

Tallahassee, FL 32303  
City/State and Zip Code

anthony@frosteesapparel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Frost at (954) 263-5680  
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:

FC Holdings 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:

800 Ocala Rd Ste 300-264  
Tallahassee, FL 32304

Same as  
principal office

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:

Anthony Campana

Name

2113 High Road

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

Tallahassee FL 32303

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.

AW

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECTION 605  
TALLAHASSEE, FLORIDA

16 JAN 11 PM 2:41

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

MGR

Name and Address:

Benjamin Frost  
800 Ocala Rd Ste 300-267  
Tallahassee, FL 32304

Anthony Campana  
2113 High Road  
Tallahassee, FL 32303

(Use attachment if necessary)

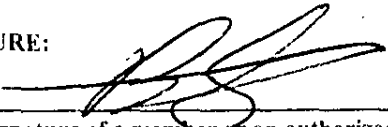
ARTICLE V: Effective date, if other than the date of filing: 1/11/16 (OPTIONAL)

(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.

Benjamin Frost  
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)

16 JAN 11 PM 2:41  
TALLAHASSEE  
STATE OF FLORIDA  
DEPARTMENT OF STATE