

L160000/2578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

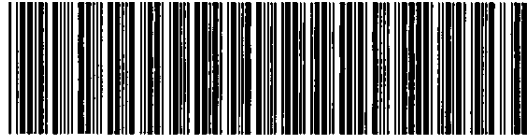
(Business Entity Name)

(Document Number)

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

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01/11/16--01040--013 \*\*320.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 11 PM 4:30

01/22/16

**ROBERT KIT KOREY, P.A.**  
**KOREY, SWEET, MCKINNON & SIMPSON**  
Attorney and Counselors at Law

Robert Kit Korey, P.A.  
Jeffrey C. Sweet  
Noah C. McKinnon, Jr., P.A.  
Scott E. Simpson, P.A.  
Abraham McKinnon  
R. Kevin Korey  
Adam K. Dunn

Suite A, Granada Oaks Professional Building  
595 West Granada Boulevard  
Ormond Beach, Florida 32174  
Telephone (386)677-3431  
Telefax (386)673-0748

January 8, 2016

**Via Federal Express**

New Filing Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: My Trading Post LLC

Dear Sir or Madam:

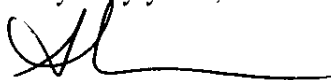
Enclosed is the Articles of Organization for filing for the following company:

My Trading Post LLC

I have enclosed a check in the amount of \$160.00 payable to the Department of State representing filing fees, certificate of status, certified copy and a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Alix Bowman,  
Legal Assistant to Robert Kit Korey, Esquire

/ab  
enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MY TRADING POST 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:

Sharon Mathys Heilman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5 Arrowhead Drive

\_\_\_\_\_  
Address

Ormond Beach, FL 32174

\_\_\_\_\_  
City/State and Zip Code

sherheil@aol.com

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

For further information concerning this matter, please call:

Sharon Mathys Heilman

386

677-4002

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:

My Trading Post 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:**

427 S. Florida Avenue  
DeLand, FL 32720

**Mailing Address:**

5 Arrowhead Drive  
Ormond Beach, FL 32174

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:

Sharon Mathys Heilman

Name

5 Arrowhead Drive

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

Ormond Beach

FL

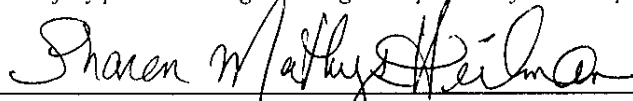
32174

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:**

Sharon Mathys Heilman

5 Arrowhead Drive

Ormond Beach, FL 32174

(Use attachment if necessary)

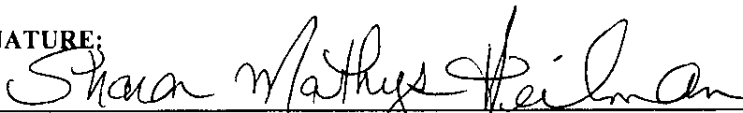
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Sharon Mathys Heilman

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)**