

L16000015459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

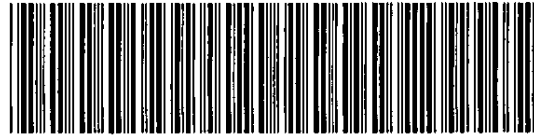
(Business Entity Name)

(Document Number)

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SECTION 1901, FLORIDA
TALLAHASSEE, FLORIDA

01-27-16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Perkins 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:

Michael Perkins
Name of Person

Firm/Company

588 CEDAR LN
Address

Monticello, Florida 32344
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Perkins at (850) 933-6338
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:

Michael Penkows 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:

588 CEDAR LN
MONTICELLO, FL 32344

Mailing Address:

588 CEDAR LN
MONTICELLO, FL 32344

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:

588 CEDAR LN
Name
MONTICELLO FL 32344
Florida street address (P.O. Box NOT acceptable)
Michael Penkows
City State Zip

SECRET
FALL 2016
FALL 2016
FALL 2016

16 JUN 27 PM 1:29

ADVISORY
FILED

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 understand with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Michael Penkows

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR

Michael Perkins

588 CEDAR L J
MONTICELLO, FL 32344

ARTICLE VI: Other provisions, if any.

SIGNATURE: Michael P. [Signature]

Michael Perkins

\$ 5.00 Certificate of Status (Optional)