## L16000034460

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
l		;

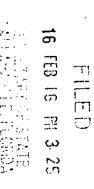
Office Use Only

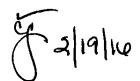
2980-



100280637571

01/25/16--01016--003 \*\*130.00





## **COVER LETTER**

TO:

Registration Section

Divis	ion of Corporations		
SUBJECT: _	OLD L/ Name of Lir	MEY WORKSHO	P LLC
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.	
Please return a	ll correspondence concerning this ma	atter to the following:	
	COLIN SA	Name of Person	
		Name of Person	
_	OLD LIME	FY WORKSHOP Firm/Company	
	1771 NE	2874 AVE	
		EACH FLORIDA 3  City/State and Zip Code  RESHOP DEMAIL . CO	3062
	B-mail address: (to be used	EKSHOP DEMAIL . Co	DM_
For further infor	mation concerning this matter, please	e call:	
	Name of Person A	rea Code Daytime Telephone Number	_
Enclosed is a c	heck for the following amount:		
\$125.00 Filing	Fee \$\sum_{\text{Certificate of Status}}\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{}	Certified Copy Certificat  (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy 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	FILED FB 16 FH 3
			등록 %



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2016

COLIN SANGER 1771 NE 28TH AVENUE POMPANO BEACH, FL 33062

SUBJECT: OLD LIMEY WORKSHOP LLC

Ref. Number: W16000008786

We have received your document for OLD LIMEY WORKSHOP 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 116A00002478

16 FEB 16 PH 3-25

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

**Principal Office Address:** 

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

FILED

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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:
COLIN SANGER
Name
1771 NE 2874 AVE
Florida street address (P.O. Box NOT acceptable)
PEMPANO BOACH FX. 33062
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)

Page 1 of 2

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  Signature of a member or an authorizal 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.  CCLIN SANCED  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)	Title:		Name and Address;
(Use attachment if necessary)  (LEV: Effective date, if other than the date of filing:		Member	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  //25/20/6_(OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unnent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOUIRED 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.  COLINE SANCEL  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)		K-P	COLIN SANGER
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  //25/20/6	11111016 G	ر از	1771 NE ZATH AUG
LE V: Effective date, if other than the date of filing:    1/25/2016  (OPTIONAL)   Receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.    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.    COLINES ANCER   Typed or printed name of signee	MUR		POMPHNO BENCH FL. S
LE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
LE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
LE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
LE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			<del></del>
ILE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
ILE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
ILE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)			
ILE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)		•	
LE V: Effective date, if other than the date of filing:    1/25/2016   (OPTIONAL)	(Use attachment if necess	sarv)	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  Signature of a member or an authorizal 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.  CCLIN SANCED  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)			1/20/2011
REQUIRED SIGNATURE:  Signature of a member or an authorizal 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.  CCLIN SANCED  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)	LE V: Effective date, if other	ner than the date of filing	$g: \frac{1/23}{200} \frac{200}{6}$ . (OPTIONAL)
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  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.  COLINES ANGER  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)	rective date is fisted, the c	iate must be specific ar	iu cannot be more than live business days prior to or 90 da
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.  COLIN SANCER  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)		alaale daan wat waat tha	
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.  CCLIN SANCER  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)	t the date inverted in this d		
REOUIRED 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.  CCLIN SANGER  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Optional)			
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.  COLINE BANGER  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)			
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.  COLINE BANGER  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)	ument's effective date on t	he Department of State	
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.  COLINE BANGER  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)	ument's effective date on t	he Department of State	
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.  COLINE BANGER  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)	ument's effective date on t	he Department of State	
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.  COLIN EANCER  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)	ument's effective date on t	he Department of State `any.	
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.  CCLIN SANCED  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)	ument's effective date on t	he Department of State `any.	's records.
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.  COLIN SANCER  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)  Page 2 of 2	ument's effective date on t	he Department of State `any.	's records.
COLIN SANCER  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)  Page 2 of 2	LE VI: Other provisions, if  REOUIRED SIGNATU	he Department of State  any.  RE:  colcustrators of a member of	's records.
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)  Page 2 of 2	LE VI: Other provisions, if  REOUIRED SIGNATU  Sig This doc	he Department of State any.  RE:  gnature of a member o ument is executed in ac	r an authorized representative of a member.
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)  Page 2 of 2	REOUIRED SIGNATU  Sig This doc 1 am awa	he Department of State  any.  RE:  gnature of a member o  ument is executed in ac  are that any false inform	r an authoriza representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)  Page 2 of 2	REOUIRED SIGNATU  Sig This doc 1 am awa	gnature of a member of ument is executed in active that any false informes a third degree felony	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)  Page 2 of 2	REOUIRED SIGNATU  Sig This doc 1 am awa	gnature of a member of ument is executed in active that any false informes a third degree felony	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
\$ 5.00 Certificate of Status (Optional)  Page 2 of 2	REOUIRED SIGNATU  Sig This doc 1 am awa	gnature of a member of ument is executed in active that any false informes a third degree felony	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  SANGER d or printed name of signee
Page 2 of 2	REOUIRED SIGNATU  Sig This doc I am awa constitut  \$125.00 Filing Fee for	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  EANGER d or printed name of signee  Filing Fees:
Page 2 of 2	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Articles of Organization (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  EANGER d or printed name of signee  Filing Fees:
第3 5 第3 <del>2</del> 第4 <del>2</del>	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Articles of Organization (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  EANGER d or printed name of signee  Filing Fees:
第3 5 第3 <del>2</del> 第4 <del>2</del>	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Articles of Organization (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  ANGER d or printed name of signee  Filling Fees: ion and Designation of Registered Agent
	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  SANCER d or printed name of signee  Filing Fees: ion and Designation of Registered Agent
J. 19 J.	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  ANGER d or printed name of signee  Filing Fees: ion and Designation of Registered Agent
J. N. 444 J.	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  ANGER d or printed name of signee  Filing Fees: ion and Designation of Registered Agent
See Land Control of the Control of t	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  SANGER dorprinted name of signee  Filling Fees: ion and Designation of Registered Agent
The state of the s	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	's records.  The an authorized representative of a member.  The cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cordance with section for in s.817.155, F.S.  The action of the cord
S S S S S S S S S S S S S S S S S S S	REOUIRED SIGNATU  Sig This doc 1 am awa constitut  \$125.00 Filing Fee for \$ 30.00 Certified Cop	gnature of a member of ument is executed in active that any false informes a third degree felony  COLINE  Types  Articles of Organization (Optional)  Status (Optional)	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  SANGER d or printed name of signee  Filing Fees: ion and Designation of Registered Agent