

L16000039065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

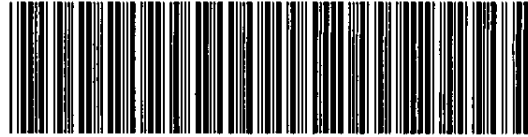
Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

~~W16-09162~~

Office Use Only



800280629438

01/29/16--01011--006 **130.00

2016 FEB -2 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 2 6 2016

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINNEGAN Fitzpatrick Academy of Irish Dance
Name of Limited Liability Company 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:

DANIELLE FITZPATRICK

AMANDA FINNEGAN

Name of Person

FINNEGAN FITZPATRICK ACADEMY OF IRISH DANCE
Firm/Company

14724 SPOTTED SANDPIPER BLVD

Address

WINTER GARDEN FL 34787

City/State and Zip Code

ffirishdanceacademy@gmail.com

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

For further information concerning this matter, please call:

AMANDA FINNEGAN 321 370 8097

DANIELLE FITZPATRICK at (407) 489 9020

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

14724 SPOTTED
SANDPIPER
BLVD

WINTER GARDEN

FL 34787

22 / JAN / 2016.

Re: FINNEGAN FITZPATRICK ACADEMY OF IRISH
DANCE LLC.

To whom it may concern,

Please find attached cheque and application form
to set up a new LLC 'Finnegan Fitzpatrick
Academy of Irish Dance'.

Please call me anytime on (321) 370 - 8097
if you require further information.

We look forward to hearing from you.

Kindest Regards,

Amanda Finnegan,



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

AMANGA FINNEGAN
14724 SPOTTED SANDPIPEK BLVD
WINTER GARDEN, FL 39787

SUBJECT: FINNEGAN FITZPATRICK ACADEMY OF IRISH DANCE LLC
Ref. Number: W16000009962

We have received your document for FINNEGAN FITZPATRICK ACADEMY OF IRISH DANCE 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 616A00002803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FINNEGAN FITZPATRICK ACADEMY OF IRISH DANCE 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:

14724 SPOTTED SANDPIPER BLVD
WINTER GARDEN
FL 34787

14724 SPOTTED SANDPIPER BLVD
WINTER GARDEN FL
34787

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:

AMANDIA FINNEGAN.
Name

313 KNIGHTBRIDGE CLR. DAVENPORT, FL 33896.
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 33896
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 FEB -2 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

DANIELLE FITZPATRICK
14724 SPOTTED SANDPIPER BLVD
WINTER GARDEN, FL 34787

MGR

AMANDA FINNEGAN
313 KNIGHTSBRIDGE CTR.
DAVENPORT, FL 33896

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/02/16 (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:

Amanda Finnegan

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.

AMANDA FINNEGAN

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)