

L16000043432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

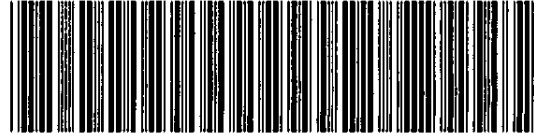
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L16-43432

02/22/16--01020--013 **125.00

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16 MAR -3 AM 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR -4 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabin Door Notes, 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:

Lisa Haglund
Name of Person

Cabin Door Notes, LLC
Firm/Company

943 Coral Springs ST.
Address

Me1 Borne FL 32540
City/State and Zip Code

dani alexa 240@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: dani alexa 240@gmail.com

Lisa Haglund at (301) 241-6078
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

LISA HOGLUND
CABIN DOOR NOTES, LLC
943 CORAL SPRINGS STREET
MELBOURNE, FL 32940

SUBJECT: CABIN DOOR NOTES, LLC
Ref. Number: W16000013647

We have received your document for CABIN DOOR NOTES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 316A00003791

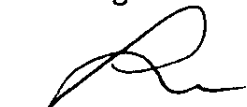
2/28/16

To Whom It May Concern:

I am so sorry for not signing the original document. Please note that the spelling of my last name is Lisa **HAGLUND** not HOGLUND. Thank you for your time.

Kind Regards

Lisa Haglund

A handwritten signature in black ink, appearing to be 'Lisa Haglund', written in a cursive style.

321 241 6078

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cabin Door Notes, 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:

943 Coral Springs St.
Melbourne, FL
32940

943 Coral Springs St.
Melbourne, FL
32940

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:

Lisa Haglund

Name

943 Coral Springs St.

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

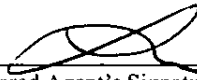
Melbourne, FL 32940

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)

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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

~~Authorized Member~~
AMBR

Name and Address:

Lisa Haglund
5735 Coral Springs Dr
Merrillville, IN 46752

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA


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:

X 

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.

Lisa Haglund

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)