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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 25 AM 10:20

FEB 25 2016

S. PRATHER

February 23, 2016

New Filing Section
Division of Corporations
P. Box 6327
Tallahassee, Florida 32314

Re: 4075 A1A, LLC

Dear Division of Corporations:

Enclosed you will find the Cover letter completed by my client, Michael Bowen, on behalf of 4075 A1A, LLC, the Articles of Organization for Florida Limited Liability Company and my trust account check in the amount of \$160.00 for the required filing fee, Certificate of Status and a certified copy. I have also enclosed a self-addressed stamped envelope for your convenience.

Thank you for your assistance in this matter and should there be any questions please do not hesitate to contact me directly.

Sincerely,



MELISSA SARRIS KAUTTU

MSK:dm

cc: Michael Bowen
Enclosures as stated



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4075 A1A, 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 Bowen

Name of Person

4075 A1A, LLC

Firm/Company

4075 A1A Blvd., Unit B101

Address

St. Augustine, FL 32080

City/State and Zip Code

michael@bureaudg.com

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

For further information concerning this matter, please call:

Michael Bowen 904 687-9675

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:

4075 A1A, 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:

4075 A1A Blvd., Unit B101
St. Augustine, FL 32080

Mailing Address:

4075 A1A Blvd., Unit B101
St. Augustine, FL 32080

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:

Melissa Sarris Kauttu, Esq.

Name

1510 N. Ponce de Leon Blvd., Ste. B

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

St. Augustine, FL 32084

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michael Bowen

4075 A1A Blvd., Unit B101

St. Augustine, FL 32080

(Use attachment if necessary)

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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.

Michael Bowen

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)