

L16000044894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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Special Instructions to Filing Officer:

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A. DUNLAP

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2 reg. agents

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02/10/16--01005--023 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 MAR - 7 PM 4:25

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 MAR -7 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLA

February 22, 2016

LORI WILLIAMS AND SHANE CASTRO  
3740 FEATHERWOOD TRAIL  
LAKELAND, FL 33812 US

SUBJECT: FACADE'S FORTUNE LLC  
Ref. Number: W16000013072

We have received your document for FACADE'S FORTUNE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one registered agent. Please select one registered agent and remove all references to the other.,

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 716A00003646

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Facade's Fortune 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:

Lori Castro

\_\_\_\_\_  
Name of Person

Facade's Fortune LLC

\_\_\_\_\_  
Firm/Company

3740 Featherwood Trail

\_\_\_\_\_  
Address

Lakeland, FL 33812

\_\_\_\_\_  
City/State and Zip Code

Lo8521@verizon.net

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

For further information concerning this matter, please call:

Lori Castro

863

6048420

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

*CK # 920 PAID IN FULL (ck. Copy Enclosed)*

☐

\$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:

Facade's Fortune 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:**

Facade's Fortune LLC

SAME

3740 Featherwood Trail

Lakeland, FL 33812

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:

Lori Castro

Name

3740 Featherwood Trail

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

Lakeland

FL

33812

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..*

Lori Castro 3/2/16

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 MAR -7 PM 4:25  
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

Co-Manager

**Name and Address:**

Lori Castro  
3740 Featherwood Trail  
Lakeland, FL. 33812

Co-Manager

Shane Castro  
3740 Featherwood Trail  
Lakeland, FL. 33812

Co-Manager

William Castro  
3740 Featherwood Trail  
Lakeland, FL. 33812

Co-Manager

Jena Castro  
3740 Featherwood Trail  
Lakeland, FL. 33812

(Use attachment if necessary)

**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:**

Lori Castro 3/2/16

**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.

Lori Castro

Date 3/02/2016

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)**