

LI6000050770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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16 MAR 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2016

DAVID WORSHAM
24 BEACHWAY DRIVE
PALM COAST, FL 32137

SUBJECT: TWISTED HIPPIE CLUB, LLC
Ref. Number: W16000011030

We have received your document for TWISTED HIPPIE CLUB, 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):

The registered agent must sign accepting the designation.

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) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 916A00003088

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Twisted Hippie Club, 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:

David Worsham

Name of Person

Firm/Company

24 Beachway Drive

Address

Palm Coast, FL 32137

City/State and Zip Code

dworsham0212@gmail.com

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

For further information concerning this matter, please call:

David Worsham

386

315-2423

at (_____) _____

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

To whom it may concern:

Please send any and all certificates or certified copies to:

DWorsham0212@gmail.com

David Worsham
24 Beachway Drive
Palm Coast, FL 32137

If there are any issues, please feel free to contact me any time day or night at (386) 315-2423 (cell).

Thank you!,

David Worsham

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twisted Hippie Club, 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:

Twisted Hippie Club, LLC

24 Beachway Drive

Palm Coast, FL 32137

Mailing Address:

Twisted Hippie Club, LLC

24 Beachway Drive

Palm Coast, FL 32137

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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:

David Worsham

Name

24 Beachway Drive

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

Palm Coast

FL

32137

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..

David Worsham

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO

Name and Address:

David Worsham

24 Beachway Drive

Palm Coast, FL 32137

CEO

Denise Worsham

24 Beachway Drive

Palm Coast, FL 32137

(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.

LLC is to be equally owned by David Worsham and Denise Worsham, 50/50.

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.

David Worsham

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)

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