# L/60005092/

(Requestor's Name)
(Address)
•
(Address)
(/ (64/1033)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/07/16--01038--003 \*\*130.00

SECRETARY OF STATE

16 MAR - 7 PH 2: 10

EFFECTIVE DATE 03/03/16

03/15/16



March 3, 2016

Florida Department of State
Divisions of Corporations

Re: New file as LLC from Corporation P0800009942

To Whom This May Concern:

As of this date, I have dissolved by Incorporation Status due to filing error prematurely. I AM NOT REVOKING THE DISSOLUTION, but releasing the name to the new LLC.

Please find the new application with filing fee enclosed for your review. For further comments and questions please contact me at the number below.

Sincerely,

Janel R. Williams
PO Box 340655

Tampa, Florida 33694

Residential: 14224 Wellesley Drive

Tampa, Florida 33624

# **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: J3LYRICOlogy  Norma of Limited Liebility	4
Name of Limited Liability	Company
The enclosed Articles of Organization and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the following	owing:
JANEL R. Nill Name of Pe	rson
_	
J3Lyricolo Firm/Comp	Sany
PO BOX 340653	<u> </u>
Address	<b>3</b>
TAMPA, FC 3.  City/State and Z  J3 LyRi Colo Gy a  E-mail address: (to be used for future ann	3694 Zin Code
E-mail address: (to be used for future ann	Smail. Com
For further information concerning this matter, please call:	
Name of Person Area Code	476-9151  Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Ne Division of Corporations Di P.O. Box 6327 Cli Tallahassee, FL 32314 26	reet Address  w Filing Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CT	æ.	T _ '	N.	me:
^ ~					, ,	

The name of the Limited Liability Company is:

(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:

Prin	cinal	Office	Add	ress:

**Mailing Address:** 

14224 Wellesley Dr. PO Box 340655 JAMPA, FL 33624 JAMPA, FL 33694

## 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:

JANEL R. WILLIAMS

14224 Welles ley Drive
Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33624

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	PRBDX 34D655
	TAMPA, FL 33694
(Use attachment if necessary)	
••	lote of filing: 3/7/1/a (OPTIONAL)
EV: Effective date, if other than the deceive date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does nearly effective date on the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
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EV: Effective date, if other than the dective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date is listed, the date must be of filing.  REOUIRED SIGNATURE:  Signature of a This document is exert a may be determined as a filing date of the Department of th	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no ent of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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