

L16000058387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16000058387
Office Use Only

MAR 24 2016

T. SCOTT



500282232175

02/22/16--01012--011 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 11 PM 12:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2016

DARALYN N GRIFFIN
THE GLASS OASIS, LLC
8235 DONALDSON DRIVE
TAMPA, FL 33615

SUBJECT: THE GLASS OASIS, LLC
Ref. Number: W16000014846

RECEIVED
16 MAR 11 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE GLASS OASIS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Print name of member,

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 716A00004163

For more information on the filing process, please visit our website at www.sunbiz.org.

For more information on the filing process, please visit our website at www.sunbiz.org.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Glass Oasis, 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:

Daralyn N. Griffin

Name of Person

The Glass Oasis, LLC

Firm/Company

8235 Donaldson Drive

Address

Tampa, FL 33615

City/State and Zip Code

theglassoasis@yahoo.com

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

For further information concerning this matter, please call:

Daralyn N. Griffin

727

667-9139

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Glass Oasis, 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:

8235 Donaldson Drive
Tampa, FL 33615

Mailing Address:

8235 Donaldson Drive
Tampa, FL 33615

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:

Daralyn N. Griffin

Name

8235 Donaldson Drive

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

Tampa

FL

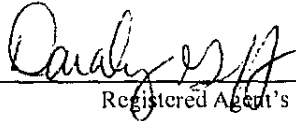
33615

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)

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:

Daralyn N. Griffin

8235 Donaldson Drive

Tampa, FL 33615

(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.

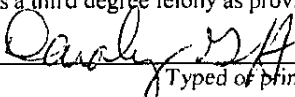
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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.

 Daralyn Griffin ←

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)