

L16000080417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

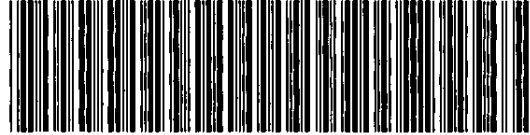
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200284692272

04/20/16--01013--010 \*\*125.00

16 APR 20 PM 4:17  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# LAWYER MIKE D

MD

389 Palm Coast Pkwy SW, #4  
Palm Coast, FL 32137

(386) 246-8002  
(386) 237-9589 fax  
MRDavis@LawyerMikeD.com

April 15, 2016

LLC New Filing Section  
PO Box 6327  
Tallahassee, FL 32314

Re: Fab Finds

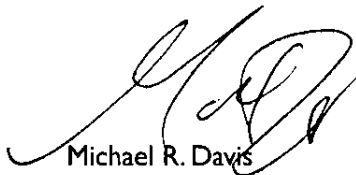
To Whom It May Concern:

Enclosed are the Articles of Organization for the Florida limited liability company, Fab Finds, LLC. For reference and in hopes to avoid delay or confusion are a copy of the Articles of Dissolution filed simultaneously for Fab Finds Corp, a Florida not for profit corporation.

The members of the not for profit realized they were incorrectly informed by their prior counsel and wish to be a limited liability company.

If there are questions, please direct them to my office.

Respectfully,



Michael R. Davis

16 APR 20 PM 4:17

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAB FINDS, 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 R DAVIS

Name of Person

LAWYER MIKE D

Firm/Company

389 PALM COAST PKWY SW, #4

Address

PALM COAST, FL 32137

City/State and Zip Code

MRDAVIS@LAWYERMIKED.COM

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

For further information concerning this matter, please call:

MICHAEL R DAVIS

386

246-8002

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

16 APR 20 PM 4:17

FILED  
OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAB FINDS, LCC

(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:

296 SAN MARCO STREET  
ST. AUGUSTINE, FL 32084

Mailing Address:

296 SAN MARCO STREET  
ST. AUGUSTINE, FL 32084

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:

LAWYER MIKE D, PLLC

Name

389 PALM COAST PKWY SW, #4

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 APR 20 PM 4:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:**

SANDRA CONNERS

296 SAN MARCO STREET

ST AUGUSTINE, FL 32084

MGR

EDWARD WAGNER

49 B ATLANTIC OAK CIRCLE

ST AUGUSTINE, FL 32080

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/15/16 (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:**

X Sandra Connors

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.

SANDRA CONNERS

Typed or printed name of signer

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 20 PM 4:17

COPY

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
FAB FINDS CORP

SECOND: The document number of the corporation (if known): N16000000587

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_ The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: APRIL 15, 2016  
(no more than 90 days after dissolution file date)

**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.

Signature: Sandra Conners  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

SANDRA CONNERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

COPY

### Notice of Corporate Dissolution

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: FAB FINDS CORP

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

NAME, DATE OF CLAIM, AMOUNT OF CLAIM, CORPORATE REPRESENTATIVE OF FAB FINDS CORP THAT  
BOUND THE COMPANY

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

296 SAN MARCO STREET

ST AUGUSTINE, FL 32084

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

SANDRA CONNERS

*Printed Name of the Person Filing*



*Signature of the Person Filing*

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**