

L16000097043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

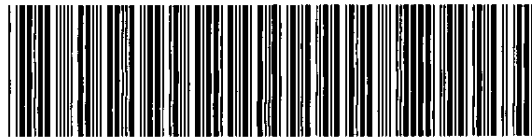
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/16--01012--012 **125.00

FILED
16 MAY 19 AM 6:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TW
52316

~~16-29793~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B. Lynn Management 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:

Brooke L Girley
Name of Person

Firm/Company

1350 Vickers Lake Dr
Address

Ocoee, FL 34761
City/State and Zip Code

brooke.girley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Girley at (407) 538-8835
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

May 16, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: B. LYNN MANAGEMENT LLC
Ref. Number: W16000029793

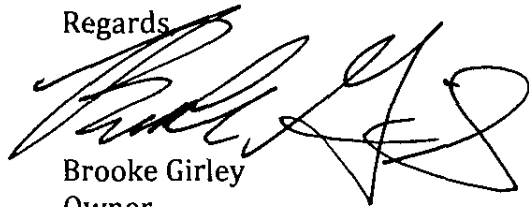
Tanya L Henderson:

I received the attached notice about the conflict between the above reference number and P15000035288 (B.LYNN MANAGEMENT, INC.).

I served as the President/CEO of B. LYNN MANAGEMENT, INC. until I dissolved the corporation in April 2016. I do not intend to reactivate the corporation again. Therefore, there will be no conflict with B.LYNN MANAGEMENT LLC.

If you have any further questions or need any additional information or documentation, please do not hesitate to contact me at (407) 538-8835 or via email at brooke@blynnmanagement.com.

Regards



Brooke Girley
Owner
B.Lynn Management LLC

FILED
16 MAY 19 AM 8:29 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

BROOKE L GIRLEY
1350 VICKERS LAKE DR
OCOE, FL 34761

SUBJECT: B. LYNN MANAGEMENT LLC
Ref. Number: W16000029793

We have received your document for B. LYNN MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000035288 (B. LYNN MANAGEMENT, INC.).

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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 816A00008301

FILED
16 MAY 19 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B. Lynn Management 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:

1350 Vickers Lake Dr
Ocoee, FL 34761

Mailing Address:

1350 Vickers Lake Dr.
Ocoee, FL 34761

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:

The Girley Law Firm P. A.

Name

125 East Marks St

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

Orlando

City

FL

State

32803

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)

FILED
16 MAY 19 AM 8:29
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

MGR

AMBR

Name and Address:

Brooke Girley
1350 Vickers Lake Dr
Ocoee, FL 34761

Phyllis Girley
1350 Vickers Lake Dr
Ocoee, FL 34761

(Use attachment if necessary)

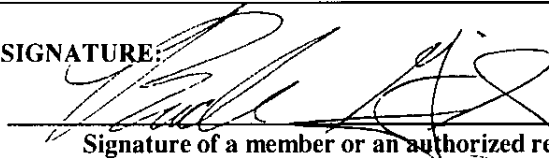
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Brooke Girley
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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SECRETARY OF STATE
TALLAHASSEE FLORIDA