

L16000097787

(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:

Ms. Shirla **SAVE**
AUTHORIZATION BY PHONE TO
CORRECT *file LLC only*
DATE *5/20/16*
DOC. EXAM *V.H.*

W16-35074

Office Use Only



200285288402

05/04/16--01007--023 **185.00

FILED
16 MAY 20 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shirley Jean's LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Shirley Eskew

(Contact Person)

Shirley Jean's LLC

(Firm/Company)

63 Brooks Drive

(Address)

Ormond Beach, Florida 32176

(City, State and Zip Code)

shirleyjeansantiques@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Shirley J. Eskew

at (386) 682-9098

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

SHIRLEY ESKEW
63 BROOKS DRIVE
ORMOND BEACH, FL 32176

SUBJECT: SHIRLEY JEAN'S
Ref. Number: W16000035074

We have received your document for SHIRLEY JEAN'S and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious names can not file a conversion.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00010068

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shirley Jean's 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:

63 Brooks Drive

Ormond Beach, Florida 32176

Mailing Address:

63 Brooks Drive

Ormond Beach, Florida 32176

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:

Brad Aboff

Name

4191 Dairy Court

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

Port Orange

FL 32127

City

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..

Brad Aboff

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 MAY 20 PM 3:38
SECRETARY OF
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Carl W. Eskew

63 Brooks Drive

Ormond Beach, Florida 32176

Shirley J. Eskew

63 Brooks Drive

Ormond Beach, Florida 32176

16 MAY 20 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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.

Shirley J. Eskew

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)