

L16000104998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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16 MAY 31 PM 3:03

STATE OF TEXAS
CLERK OF THE COURT
JULIA A. GUTIERREZ

5/11/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prison Life Connections 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:

Laura Mia Abanto

Name of Person

Prison Life Connections LLC

Firm/Company

2020 Wells Rd. Unit 29D

Address

Orange Park, FL 32073

City/State and Zip Code

carlosq@prisonlifeconnections.com

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

For further information concerning this matter, please call:

Laura Mia Abanto

904

900-8485

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

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16 MAY 31 PM 3:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2016

LAURA MIA ABANTO
POST OFFICE BOX 8152
FLEMING ISLAND, FL 32006

SUBJECT: PRISON LIFE CONNECTIONS LLC
Ref. Number: W16000032253

We have received your document for PRISON LIFE CONNECTIONS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 416A00009074

RECEIVED
16 MAY 31 PM 3:53
SUNBIZ
TALLAHASSEE, FLORIDA

FILED
16 MAY 31 PM 3:03
SUNBIZ
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prison Life Connections L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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16 MAY 31 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2020 Wells Rd. Unit 29D
Orange Park, FL 32073

Mailing Address:

P.O. Box 8152
Fleming Island, FL 32006

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:

Laura Mia Abanto

Name

2020 Wells Rd Unit 29D

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

Orange Park

FL

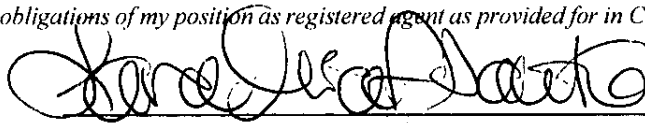
32073

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

AMBR

Name and Address:

Laura Mia Abanto

2020 Wells Rd. Unit 29D

Orange Park, FL 32006

AMBR

Carlos Andres Quinche

2020 Wells Rd. Unit 29D

Orange Park, FL 32006

(Use attachment if necessary)

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

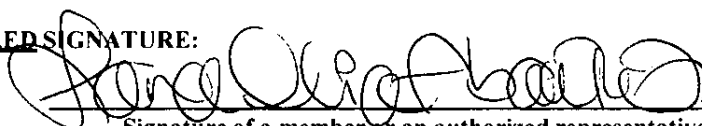
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Carlos Andres Quinche is an authorized member and manager with no intention of ownership.

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.

Laura Mia Abanto

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)

FILED
16 MAY 31 PM 3:03
STATE OF FLORIDA
DEPARTMENT OF STATE