

L16000 105548

(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

W16-35695



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05/05/16--01019--020 **125.00

16 MAY 31 PM 3:03
ALLIANCE OF FLORIDA

EFFECTIVE DATE

JUN 1 2016
S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mu Lambda Chi Philanthropic Organization, 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:

Lisa Ashley Craig

Name of Person

Firm/Company

115 Nesmith Court

Address

Peachtree, GA 30269

City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Ashley Craig

678

488-1301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

LISA ASHLEY CRAIG
115 NESMITH COURT
PEACHTREE, GA 30269

SUBJECT: MU LAMBDA CHI PHILANTHROPIC ORGANIZATION, LLC
Ref. Number: W16000035695

We have received your document for MU LAMBDA CHI PHILANTHROPIC ORGANIZATION, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 216A00010328

RECEIVED
16 MAY 31 PM 3:54
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAY 31 PM 3:03

Mu Lambda Chi Philanthropic Organization, LLC

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

ALL FLORIDA 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:

Mailing Address:

964 Cross Cut Way
Longwood, Florida
32750

115 Nesmith Court, Peachtree GA 30269

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:

Jill Bowers

Name

964 Cross Cut Way

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

Longwood, FL 32750

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..

Jill C Bowers

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

President

Name and Address:

Lisa Ashley Craig

115 Nesmith Court

Peachtree City, GA 30269

Jill Bowers

964 Cross Cut Way

Longwood, FL 32750

Terri Marie Bernhardt

1225 Royal St. George Drive, Orlando, FL 32828

Heather Lewis

796 Gardner Road

Rockledge, FL 32955

AMBR

AMBR

AMBR

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: April 29, 2016 (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.

Jill C Bowers

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)