

L16000138238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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1. 1990. *Journal of the American Medical Association* 264: 1037-1041.

7/26/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manufacturing in Paradise 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:

Carl C. Connell
Name of Person

Manufacturing in Paradise LLC
Firm/Company

1050 Fremont Street
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

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

For further information concerning this matter, please call:

Carl C. Connell at (386) 428-5566
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

FILED
16 JUL 25 AM 10:44
TALLAHASSEE, FL 32301



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

June 10, 2016

**CARL C. CONNELL
1050 FREMONT STREET
NEW SMYRNA BEACH, FL 32168**

**SUBJECT: MANUFACTURING IN PARADISE LLC
Ref. Number: W16000042677**

We have received your document for **MANUFACTURING IN PARADISE LLC** and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

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: 916A00012325

RECEIVED

16 JUL 25 PM 12:36

**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

FILED

16 JUL 25 AM 10:46

**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manufacturing in Paradise LLC.

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

FILED

16 JUL 25 AM 10:44

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:

1050 Fremont Street
New Smyrna Beach FL
32168

Mailing Address:

16 Fairgreen Ave
New Smyrna Beach, FL
32168

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:

Carl C. Connell
Name

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

New Smyrna Beach FL 32168
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..

[Signature]
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

Name and Address:

MGR

Carl C. Connell
16 Fairgreen Ave
New Smyrna Bch FL 32168
Beach,

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/1 (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.

Carl C. Connell

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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16 JUL 25 AM 10:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA