

L16aw 177436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

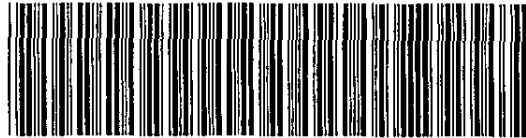
Special Instructions to Filing Officer:

Office Use Only

W/16aw 56499

SEP 23 2015

T. SCOTT



200288633952

08/05/16--01022--027 **160.00

16 SEP 19 AM 9:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Mailed
9-15-16

August 22, 2016

MUFFIN SHEARON-NELSON
408 PALAZZO CIRCLE
SAINT AUGUSTINE, FL 32092

SUBJECT: THE ENFORCER, LLC
Ref. Number: W16000056499

We have received your document for THE ENFORCER, 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):

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.

L09000050636-ENFORCER, L.L.C.,

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 916A00017207

RECEIVED

15 SEP 19 PM 12:38

BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Judgment Enforcer, 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:

Muffin Shearon-Nelson

Name of Person

The Judgment Enforcer, LLC

Firm/Company

408 Palazzo Circle

Address

Saint Augustine, Florida 32092

City/State and Zip Code

macmuffin1@mac.com

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

For further information concerning this matter, please call:

Muffin Shearon-Nelson at (904) 303-4054
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

*Already paid
see attached
letter*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Judgment Enforcer, 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:

The Judgment Enforcer, LLC

408 Palazzo Circle

Saint Augustine, Florida 32092

Mailing Address:

The Judgment Enforcer, LLC

408 Palazzo Circle

Saint Augustine, Florida 32092

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:

Muffin Shearon-Nelson

Name

408 Palazzo Circle

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

Saint Augustine, Florida :

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..

Muffin Shearon-Nelson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 SEP 19 AM 9:16

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:

Muffin Shearon-Nelson

408 Palazzo Circle

Saint Augustine, Florida 32092

MGR

Lillie Nelson

408 Palazzo Circle

Saint Augustine, Florida 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-1-16

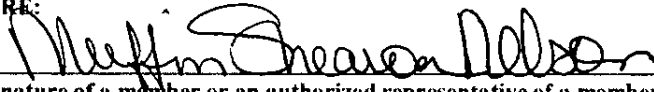
date original filing of 1st try (OPTIONAL)

(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.

Muffin Shearon-Nelson

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)