

L16000194038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

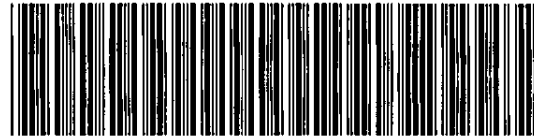
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/12/16--01036--029 **130.00

16 OCT 20 PM 5:41

RECEIVED
STATE
CLERK
10/16/2016

M MOON

OCT 20 2016

Florida Department of State
Division of Corporation

~~Fax: 850-245-6804~~ Email: sarah.boLand@dos.myflorida.com

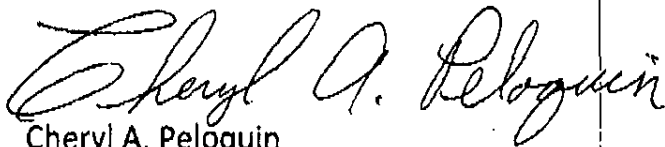
Re: American Dream Mobile Home Sales Inc.
P16000071245

October 14, 2016

As of this 14th day of October, 2016, I have dissolved the above Corporation and do not want to renew.

Please continue to process my Articles of Organization for American Dream Mobile Home Sales LLC.

Thank you



Cheryl A. Peloquin
Cell: 863-206-8540

16 OCT 20 PM 6:41

FILED
SEC. OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

CHERYL A PELOQUIN
P.O. BOX 341
DAVENPORT FL, FL 33836-0341

SUBJECT: AMERICAN DREAM MOBILE HOMES SALES LLC
Ref. Number: W16000064227

We have received your document for AMERICAN DREAM MOBILE HOMES SALES LLC and your check(s) totaling \$130.00. 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000071245.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 816A00019906

16 OCT 20 PM 6:41

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN DREAM MOBILE HOME SALES 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:

CHERYL A. PELOQUIN

Name of Person

AMERICAN DREAM MOBILE HOME SALES LLC

Firm/Company

P.O. BOX 341

Address

DAVENPORT FL 33836-0341

City/State and Zip Code

cherpelo414@gmail.com

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

For further information concerning this matter, please call:

CHERYL PELOQUIN

at (

863

421-2105

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

OCT 20 PM 6:41

FILED
STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN DREAM MOBILE HOME SALES 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:

140 W. BAY ST
DAVENPORT FL 33837

Mailing Address:

P.O. BOX 341
DAVENPORT FL 33836-0341

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:

CHERYL A. PELOQUIN

Name

202 E. PALM ST

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

DAVENPORT

FL

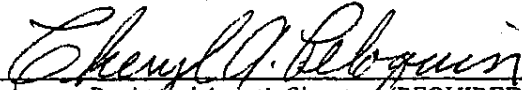
33837

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)

16 OCT 20 PM 6:41

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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140 W. BAY ST
DAVENPORT FL 33837

Mailing Address:

P.O. BOX 341
DAVENPORT FL 33836-0341

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CHERYL A. PELOQUIN

Name

202 E. PALM ST

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

DAVENPORT

FL

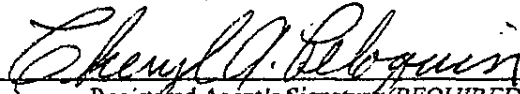
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Registered Agent's Signature (REQUIRED)

(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/MGR

Name and Address:

CHERYL A PELOQUIN

P.O. BOX 341

DAVENPORT FL 33836

(Use attachment if necessary)

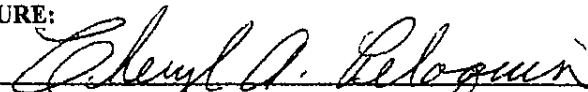
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 1, 2016 (OPTIONAL)

(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.

CHERYL A. PELOQUIN

Typed or printed name of signee

7/14/16

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 20 PM 6:41