

L16000196099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

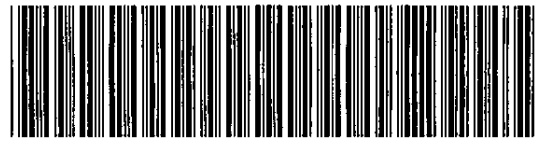
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291446169

10/24/16--01011--005 **125.00

FILED
SECRETARY OF STATE
2016 OCT 24 PM 2:15

10/26/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loryn Rossmiller 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:

Loryn Rossmiller
Name of Person

Loryn Rossmiller LLC
Firm/Company

6319 Autumn Berry Circle
Address

Jacksonville, FL 32258
City/State and Zip Code

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

For further information concerning this matter, please call:

Loryn Rossmiller at (904) 742-9095
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Loryn Rossmiller 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:

Mailing Address:

6319 Autumn Berry Circle
Jacksonville, FL 32258

6319 Autumn Berry Circle
Jacksonville, FL 32258

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.)

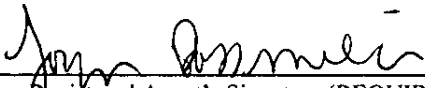
The name and the Florida street address of the registered agent are:

Loryn Rossmiller
Name

6319 Autumn Berry Circle
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32258
City 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)

2019 OCT 26 PM 2:15

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lorvn Rossmiller
6319 Autumn Berry Circle
Jacksonville, FL 32258

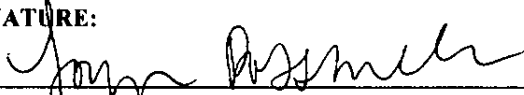
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Lorvn Rossmiller

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)

2018 OCT 24 PM 2:15
STATE OF FLORIDA
DEPARTMENT OF STATE

Loryn Rossmiller LLC
6319 Autumn Berry Circle
Jacksonville, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Loryn Rossmiller LLC:

Loryn Rossmiller
6319 Autumn Berry Circle
Jacksonville, FL 32258

Jan Popelli
Loryn Rossmiller, Organizer

10/19/16
Date

FILED
2016 OCT 24 PM 2:15
CLERK OF DISTRICT COURT
JACKSONVILLE, FL