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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2016

CHERYL LITTLE  
230 S COVE TERRACE DR  
PANAMA CITY, FL 32401

SUBJECT: C & C VISUALS, LLC  
Ref. Number: W16000069994

We have received your document for C & C VISUALS, 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):

Please provide the complete address for the principal and mailing address, also provide the complete address for the person(s) authorized to manage the LLC.

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: 416A00022019

*corrected if you have any questions  
- Cheryl 850-625-3273*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** C & C Visuals, 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 L Little

Name of Person

C & C Visuals, LLC

Firm/Company

230 S. Cove Terrace Dr.

Address

Panama City, FL 32401

City/State and Zip Code

ccvisualspsc@gmail.com

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

For further information concerning this matter, please call:

Cheryl

850

6253273

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

15 NOV - 1 PM 6:52

FILED  
STATE  
CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CSC Visuals, 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:

1106B Harrison Avenue, Panama City, Florida, 32401

1106B Harrison Ave., Panama City, Fl.  
32401

Mailing Address:

230 S. Cove Terrace Dr. Panama City, Fl. 32401

230 S. Cove Terrace Dr. Panama City, Fl. 32401

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 L. Little

Name

230 S. Cove Terrace Dr.

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

Panama City

Fl.

32401

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..*

Cheryl L. Little

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

**Name and Address:**

Claire Rhodes 902 East 8th St, Lynn Haven, Florida, :

Claire Rhodes 902 E. 8th St. Lynn Haven, FL 32444

Cheryl L. Little 230 S. Cove Terrace Dr. Panama City

Cheryl L. Little 230 S. Cove Terrace Dr. Panama City, FL 32401

AMBR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/5/2016. (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.

Claire Rhodes

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)**