116000208156

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

N. SAMS NOV 1 5 2016



900291541109

11/03/16--01001--026 **160.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

JEFFREY L. RANEY 321 SUNSET DRIVE, UNIT #1 FORT LAUDERDALE, FL 33301

SUBJECT: SELS, LLC

Ref. Number: W16000075695

We have received your document for SELS, 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.

The document number of the name conflict is.

L02000021381

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 216A00023951

Division of Compositions D.O. DOV 6997 Wellshopes Florida 99914

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SELS, LLC
SOBJE	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Jeffrey L. Raney
	Name of Person
	SELS, LLC
	Firm/Company
	321 Sunset Drive, Unit #1
	Address
	Fort Lauderdale, Florida, 33301
	City/State and Zip Code
	jeff30319@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Jeff Raney 954 4016440
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	O Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

TO NADIRA SAMS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

) 950 245--L904

é

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
321 Sunset Dr., Unit #1	Same as Principal Office
Fort Lauderdale, FL	
33301	

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:

Jeffrey L. Raney		
	Name	
321 Sunset Dr., Unit	#1	
Florida street address		eptable)
Fort Lauderdale	Florida	33301
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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

istered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>		me and Address:	
"AMBR" = Authorized !	iember ember		
"MGR" = Manager	7	T 1 70	
MGR		frey L. Raney	
		1 Sunset Drive, Unit #1	
	ro	rt Lauderdale, Fl 33301	
	_		
	_		
			
	-		
	_	(**.*./sut.	
	_		
fective date is listed, the	her than the date of filing:	nnot be more than five busines	(OPTIONAL) ss days prior to or 90
LE V: Effective date, if o fective date is listed, the of filing.) If the date inserted in this ament's effective date on	her than the date of filing: late must be specific and ca block does not meet the appl the Department of State's re	nnot be more than five busines icable statutory filing requireme	s days prior to or 90
LE V: Effective date, if o fective date is listed, the of filing.) f the date inserted in this	her than the date of filing: late must be specific and ca block does not meet the appl the Department of State's re	nnot be more than five busines icable statutory filing requireme	s days prior to or 90
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on LE VI: Other provisions,	her than the date of filing: late must be specific and ca block does not meet the appl the Department of State's re f any.	nnot be more than five busines icable statutory filing requireme	s days prior to or 90
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on the LE VI: Other provisions, REQUIRED SIGNAT	her than the date of filing: late must be specific and ca block does not meet the appl the Department of State's re f any. URE:	nnot be more than five businessicable statutory filing requirements.	is days prior to or 90 ents, this date will no
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on the line of the	block does not meet the applicate the Department of State's refany. URE: goature of a member or an cument is executed in accordance that any false information	nnot be more than five businessicable statutory filing requirements.	a member. (b), Florida Statutes.
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on the line of the	block does not meet the apply the Department of State's refany. URE: goature of a member or an ecument is executed in accordance at third degree felony as property as a state of the sta	authorized representative of tance with section 605.0203 (1) in submitted in a document to the	a member. (b), Florida Statutes.
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on the line of the	block does not meet the apply the Department of State's refany. URE: grature of a member or argument is executed in accordance at that any false information tes a third degree felony as prefetting.	authorized representative of tance with section 605.0203 (1) in submitted in a document to the	a member. (b), Florida Statutes.