

L16000212425

(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:

W16-7927

Office Use Only



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02/02/16--01012--003 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE
NOV 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2016

JOSHUA G. VARCOE
6815 BAY HILL DRIVE
LAKEWOOD RANCH, FL 34202

SUBJECT: ELTON GLENN LLC
Ref. Number: W16000007927

We have received your document for ELTON GLENN LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A0000257

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TALLAHASSEE, FLORIDA

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ATTN: Debrah Bruce

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elton Glenn LLC - W16000007927
Name of Limited Liability Company

Registering as a
domestic LLC
instead of a
foreign LLC with
the filing fee
already paid.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua G Varcoe

Name of Person

Elton Glenn LLC

Firm/Company

5601 1st Ave E, Apt 307

Address

Bradenton FL, 34208

City/State and Zip Code

EltonGlennLLC@gmail.com

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

For further information concerning this matter, please call:

Joshua G Varcoe

480

432-9414

at ()

Name of Person

Area Code

Daytime Telephone Number

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elton Glenn 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:

5601 1st Ave E, Apt 307
Bradenton FL, 34208

Mailing Address:

4654 State Road 64 East, #419
Bradenton FL, 34208

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:

Joshua G Varcoe

Name

5601 1st Ave E, Apt 307

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

Bradenton

Florida

34208

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.

Joshua G Varcoe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Joshua G Varcoe

4654 State Road 64 East, #419

Bradenton FL, 34208

(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.)

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.

Joshua G Varcoe

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)

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TALLAHASSEE, FLORIDA

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