

L16000216785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

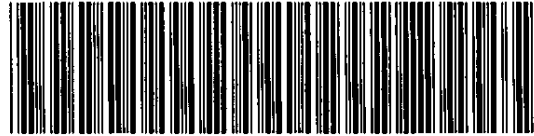
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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Robert C. Nettleton

Attorney at Law

(863) 422-6484

Fax (863) 421-9618

rnettleton@msn.com

702 East Main Street

Post Office Box 277

Haines City, Florida 33845-0277

November 16, 2016

Department of State

State of Florida

P. O. Box 6327

Tallahassee, Florida 32314

Re: LL2,LLC.

Dear Sir:

Enclosed, please find the following instruments in the above regard. Original and two copies of Articles of Organization For Florida Limited Liability Company.

Also enclosed is my check in the amount of \$130.00 representing the Filing Fee and Certificate of Status.

Please return the Certified Copy of Articles to this office.

Very truly yours,



Robert C. Nettleton

RCN/jn

Enclosures

16 NOV 21 11:12:34  
2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LL2,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:

Leonore Galanida  
Name of Person

LL2,LLC.  
Firm/Company

117 Bream Street  
Address

Haines City, Florida 33844  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert C. Nettleton at 863 422-6484  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LL2, 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:

117 Bream Street  
Haines City, Florida 33844

Mailing Address:

117 Bream Street  
Haines City, Florida 33844

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:

Leonore Galanida

Name

117 Bream Street

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

Haines City

Florida

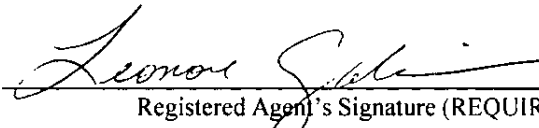
338844

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)

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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:**

Leonore Galanida

117 Bream Street

Haines City, Florida 33844

AMBR

Lowell Truman

117 Bream Street

Haines City, Florida 33844

(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.

Leonore Galanida

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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