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17 FEB -6 PM 5:47
TALLAHASSEE, FLORIDA

D O'KEEFE
NOV 29 2016

W16-79580

2/06/17

CORPORATE DETAIL RECORD SCREEN

4:02 PM

NUMBER: W16000079580

REJECTED FILING

REJ: 11/29/2016

NAME : HIGH SHERIFF, L.L.C.

SUBMIT BY: MARISA JUDD

ADDRESS : HIGH SHERIFF, L.L.C.

PO BOX*207

HIGHLAND CITY, FL 33846

USER ID : DLOKEEFE

FILED

17 FEB -6 PM 5:48

RECEIVED
FALLAHSSEE, FL 32034

17 FEB -6 PM 3:54

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FALLAHSSEE, FL 32034



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2016

MARISA JUDD
HIGH SHERIFF, L.L.C.
PO BOX 207
HIGHLAND CITY, FL 33846

SUBJECT: HIGH SHERIFF, L.L.C.
Ref. Number: W16000079580

We have received your document for HIGH SHERIFF, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 316A00025351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: High Sheriff, L.L.C.

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:

Marisa Judd

Name of Person

High Sheriff, L.L.C.

Firm/Company

1891 Jim Keene Blvd.

Address

Winter Haven, FL 33880

City/State and Zip Code

marisa@tampabay.rr.com

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

For further information concerning this matter, please call:

Marisa Judd

863

326-0007

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)

** See attached letter -
fee previously submitted*

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

January 27, 2017

Florida Secretary of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Re-Application for Formation of New L.L.C.
High Sheriff, L.L.C.**

Dear Division of Corporations:

Please find attached hereto my **re-application** for formation of a new L.L.C., High Sheriff, L.L.C. Please also see attached hereto correspondence I received from you after my initial application. **I submitted the required \$125.00 fee with the first application, which was not returned. I called your office and was advised that I did not need to submit a new fee with this re-application.** If you need any additional information please feel free to contact me at (863) 326-0007.

Sincerely,



Marisa Judd

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

High Sheriff, L.L.C.

(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:

1891 Jim Keene Blvd.
Winter Haven, FL 33880

Mailing Address:

1891 Jim Keene Blvd.
Winter Haven, FL 33880

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:

Anne T. Gibson

Name

1891 Jim Keene Blvd.

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

Winter Haven

FL

33880

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..

Anne T. Gibson 1/28/17
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 FEB - 6 PM 5:33
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

AMBR

Name and Address:

Marisa Judd

1891 Jim Keene Blvd.

Winter Haven, FL 33880

(Use attachment if necessary)

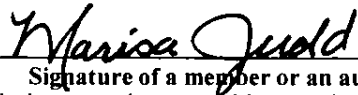
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Marisa Judd

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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17 FEB -6 PM 5:33
TALLAHASSEE, FLORIDA