

L17000034087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

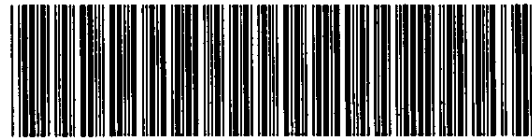
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 FEB 15 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
FEB 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONG LAKE ENTERPRISES, 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:

LEE M. SIMPSON, MMRR-MBA-OWNER
Name of Person

LONG LAKE ENTERPRISES, LLC
Firm/Company

232 LONG LAKE RD
Address

HAWTHORNE, FL 32640
City/State and Zip Code

LONGLAKE232@WINDSTREAM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE at (352) 475-1961
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

LEE M. SIMPSON
232 LONG LAKE RD
HAWTHORNE, FL 32640

SUBJECT: LONG LAKE ENTERPRISES, LLC
Ref. Number: W17000002837

We have received your document for LONG LAKE ENTERPRISES, LLC and your check(s) totaling \$125.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 217A00000724

Lee M Simpson, Member

232 Long Lake Rd

Hawthorne, FL 32640

SUBJECT: Long Lake Enterprises, LLC

Ref: #W17000002837

ATTN: Valerie Herring

Regulatory Specialist II

New Filing Section


*** This company was terminated for health reasons inadvertently. It will not be used as originally filed ever again. The new entity with the same name is going to replace this existing LLC.**

I believe this is the notification needed to establish the new company as instructed. If not feel free to call me anytime at either at:

352-475-1961 BUSINESS

352-538-5777 CELL

Thanking you in advance, I remain Respectfully Yours,


Lee M. Simpson

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONG LAKE ENTERPRISES, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

232 LONG LAKE RD
HAWTHORNE,
FL 32640

SAME

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:

LEE M. SIMPSON
Name

232 LONG LAKE RD
Florida street address (P.O. Box **NOT** acceptable)
HAWTHORNE FL 32640
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..

[Signature]
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

Name and Address:

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-10-17 (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.

LEE M SIMPSON

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)