

L17000092245

(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)

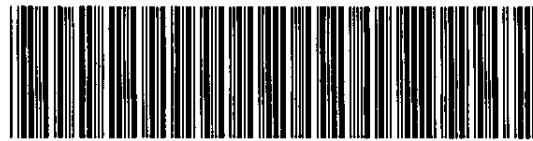
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/17--01015--013 **125.00

FILED
17 APR 20 PM 12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

4. 11/24/17

Joy Johnson
Scorevue LLC
970 Lake Carillon Dr Ste 300
St Petersburg, FL 33716

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Regarding: Dissolution and Non Use of Scorevue LLC


To whom it may concern,

Please find attached a new application for a New Filing of Limited Liability Corporation for Scorevue LLC. I was advised the prior use of Scorevue LLC has been disclosed due to not filling the required documents in a timely fashion. When I reached out to your offices I was advised to send in a letter indicating that I release the rights to the name and to accompany a new application for the Scorevue LLC.

Please consider this my formal notification that I desire to dissolve the use of Scorevue LLC and the use of the name. Scorevue LLC is not free and clear to be used by whoever desires to use the name. I have been advised that the use of a name is typically discontinued for approximately a year after the dissolution of an organization. I Joy (Joyal) Johnson release all authorization for Scorevue LLC to be reutilized. If you need anything additional, please feel free to contact me my details are listed below.

Please find attached my New Filing request for LLC (Scorevue LLC.) and the \$125.00 filing fee. Thank you so much for your help.

Sincerely,



Joy (Joyal) Johnson
Direct Line 727-748-4221 ext 112
Email joy@scorevue.com
970 Lake Carillon Drive Ste 300
St Petersburg, FL 33716

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Scorevue 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:

Joy Johnson

Name of Person

Scorevue LLC

Firm/Company

970 Lake Carillon Dr Ste 300

Address

St Peterburg, FL 322716

City/State and Zip Code

joy@scorevue.com

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

For further information concerning this matter, please call:

Joy Johnson at (727) 748-4221 ext 112
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:

Scorevue LLC.

(Must contain 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:

970 Lake Carillon Drive Ste 300
St Petersburg, FL 33716

Mailing Address:

970 Lake Carillon Drive Ste 300
St Petersburg, FL 33716

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:

Joy Johnson

Name

970 Lake Carillon Drive Ste 300

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

St Petersburg

FL

33716

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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17 APR 20 PM 12
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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

AMBR and CEO

Name and Address:

Joy Johnson

970 Lake Carillon Drive Ste 300

St Petersburg, FL 33716

(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.

Joy Johnson

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)

FILED
17 APR 20 PM 12
SECRETARY OF STATE
FLORIDA