

L17000102300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

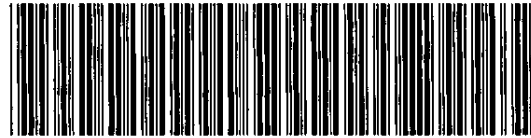
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

MAY 10 2017



100298671491

05/04/17--01010--010 **125.00

FILED
17 MAY -4 PM 12:18
SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Held Strong, 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:

David L Scott
Name of Person

Held Strong, LLC
Firm/Company

5355 Aragon Ave
Address

De Leon Springs, Florida 32130
City/State and Zip Code

dls1058@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

David Scott 386-848-8669
Jennifer Scott at (386) 985-4104
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

To: Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314

FL Dept of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Date: 4/28/2017

From: Holdstrong, LLC.
P.O. Box 39
DeLeon Springs, Florida 32130

FILED
17 MAY -4 PM 12:18
TALLAHASSEE, FLORIDA

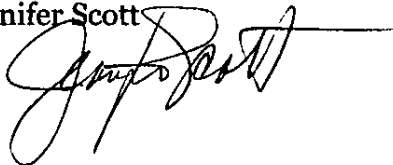
To Whom it may concern,

We have decided not to reinstate the LLC filed under
Document Number L15000104074 .

We ask you to create a new LLC. using the same name (Holdstrong) with a
new Document Number. Enclosed is a check and forms printed from your
website.

Thank You,

Jennifer Scott



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Holdstrong, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

17 MAY 14 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

5355 Aragon Ave
DeLeon Springs, Florida
32130

Mailing Address:

P.O. Box 39
DeLeon Springs, Florida
32130

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:

David L Scott
Name

5355 Aragon Ave
Florida street address (P.O. Box **NOT** acceptable)
DeLeon Springs, Florida 32130
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)

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

AMBR

AMBR

Name and Address:

David L Scott
5355 Aragon Ave
De Leon Springs, Florida 32130

Nash Scott
5355 Aragon Ave
De Leon Springs, Florida 32130

Jennifer Scott
5355 Aragon Ave
De Leon Springs, Florida 32130

(Use attachment if necessary)

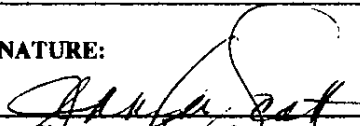
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Jennifer Scott
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 MAY 24 PM 12:18
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE