

L17000111427

(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



100298527941

05/04/17--01016--020 **70.00

17 MAY -4 AM 4:59
OFFICE OF THE CLERK

D O'KEEFE

MAY 23 2017

Date: 05/01/2017

To the Division of Corporations:

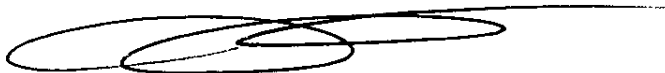
Reference: Matblacksocial, L.L.C FL Doc # L15000041552

Dear Department,

It has come to my attention that my company's annual report has not been filed and my company has been dissolved. As the owner of Matblacksocial, L.L.C I would like to at this time release my document number L15000041552

I am enclosing a new set of articles to be filed with the state. Thank you in advance with your help in this matter.

Regards:

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Shannon Yates

17 MAY -4 AM 5:00
2017 MAY 11 PM

COVER LETTER

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

SUBJECT: MATBLACKSOCIAL, 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:

RITA JACKMAN

Name of Person

Firm/Company

4575 VIA ROYALE STE 200

Address

FORT MYERS, FL 33919

City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

For further information concerning this matter, please call:

RITA JACKMAN

239

689-1096

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)

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:

MATBLACKSOCIAL, 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:

927 CAPE CORAL PARKWAY E
CAPE CORAL, FL 33904

Mailing Address:

927 CAPE CORAL PARKWAY E
CAPE CORAL, FL 33904

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:

SHANNON YATES

Name

927 CAPE CORAL PARKWAY E

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

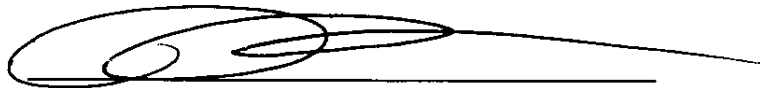
CAPE CORAL, FL 33904

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)

17 MAY -16 AM 5:00
SECRETARY OF STATE
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

MGR

Name and Address:

SHANNON YATES

927 CAPE CORAL PARKWAY E

CAPE CORAL, FL 33904

(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.

SHANNON YATES

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)

17 MAY -4 AM 5:01