

L 17000129334

Rachael Hardman
(Requestor's Name)

8151 46th Ave. N 129.
(Address)

(Address)

St. Pete fl. 33709
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

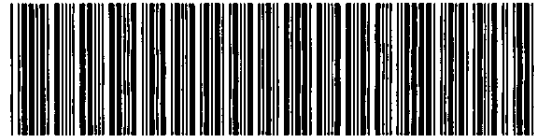
Fitchick LLC
(Business Entity Name)

017A00011309
(Document Number)

Certified Copies 1 Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

RACHAEL M. HARDMAN
8151 46TH AVE N. 129
ST. PETERSBURG, FL 33709 US

SUBJECT: FITCHICK LLC
Ref. Number: W17000047511

We have received your document for FITCHICK LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

JUAN A REYES
Regulatory Specialist II

Letter Number: 017A00011309

RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 JUN 14 PM 2:26

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fitchick 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:

Rachael M. Hardman
Name of Person

fitchick L.L.C
Firm/Company

8151 46th Ave. N. 129
Address

St. Pete fl. 33709
City/State and Zip Code

Fitchick631@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Hardman at (727) 551-1310
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:

Fitchick 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:

8151 46th Ave N apt. 129
st. pete fl. 33709

Mailing Address:

8151 46th Ave N apt. 129
st. pete fl. 33709

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:

Rachael M. Hardman
Name

8151 46th Ave N apt. 129
Florida street address (P.O. Box **NOT** acceptable)

st. Pete fl. 33709
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..

Rachael Hardman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

~~AMBR~~ MGR

Jeffery Ryan Spinger
10678 Frances Lane Largo FL 33774

(Use attachment if necessary)

6-11-17 RH

ARTICLE V: Effective date, if other than the date of filing: ~~6-11-17~~ (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:

Rachael Hardman

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.

Rachael M Hardman

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN 14 PM 4:34
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