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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

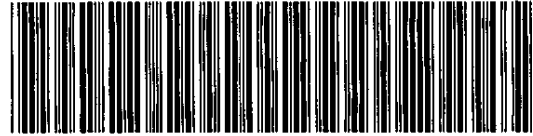
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 JUL -6 AM 11:31

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56 7/7/17

**COVER LETTER**

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

**SUBJECT:** Margaret Ellen Bridal 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:

Barbara Artman  
Name of Person

Margaret Ellen Bridal LLC  
Firm/Company

36 Moonlight Beach Lane  
Address

Seacrest FL 32461  
City/State and Zip Code

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

For further information concerning this matter, please call:

Barbara Artman at ( 662 ) 332-3489  
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**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I – Name**

The name of the Limited Liability Company is MARGARET ELLEN BRIDAL LLC.

**ARTICLE II – Address**

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

**Principal Office Address:**

30 Avenue  
12805 US Highway 98 East  
Inlet Beach, FL 32461

**Mailing Address:**

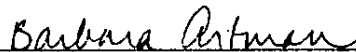
36 Moonlight Beach Lane  
Seacrest, FL 32461

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Barbara Artman  
36 Moonlight Beach Lane  
Seacrest, FL 32461

*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)

**ARTICLE IV –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

Manager

**Name and Address:**

Margaret Ellen Artman Matthews  
32748 Highway 1  
Rolling Fork, MS 39159

Manager

Barbara Deaton Artman  
36 Moonlight Beach Lane  
Seacrest, FL 32461

## ARTICLE V: Effective Date

Effective date, if other than the date of filing: July 1, 2017. (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.

None

## REQUIRED SIGNATURE:

Barbara Artman

**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.

Barbara Artman

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)

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TALLAHASSEE FLORIDA