

L11000153970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

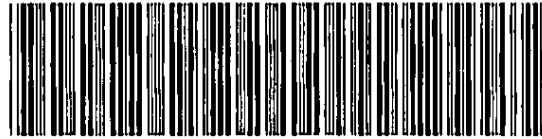
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

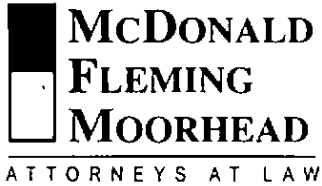
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17 JUL 17 PM 3:53
SECURITY OF CAPITAL
TALLAHASSEE FLORIDA



REPLY TO:
WILLIAM A. BOND
DIRECT: (850) 202-8533
Fax: (850) 696-1854
wabond@pensacolalaw.com

WILLIAM A. BOND
MATTHEW A. BUSH
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JOHN A. FRAISER, JR.
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BELENDIA B. DE KOGAN
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STEPHEN R. MOORHEAD
STEPHEN L. WALKER
KATHLYN M. WHITE

OF COUNSEL
MICHAEL L. FERGUSON

WILLIAM J. GREEN
(1943-2012)

July 14, 2017

Via Fed Ex: 7796 3686 7388
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for Jack & Kathy Sylvester, LLC
Our File No. 1246-001

Dear Clerk:

On behalf of our client, Jack Sylvester, we enclose the Cover Letter and Articles of Organization for Jack & Kathy Sylvester, LLC for filing. His check in the amount of \$160.00 is also enclosed to cover your filing fee, Certificate of Status, and certified copy (additional copy is enclosed). If you should have questions or need anything further, please let us know.

We appreciate your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Bond".

William A. Bond

WAB/khg
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jack & Kathy Sylvester, 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:

Jack Sylvester
Name of Person

Firm/Company

PO Box 48
Address

Orr's Island, ME 04066
City/State and Zip Code

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

For further information concerning this matter, please call:

Jack Sylvester at (207) 833-6252
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:

Jack & Kathy Sylvester, 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:

1 Lowell's Cove Road
Orr's Island, ME 04066

Mailing Address:

Po Box 48
Orr's Island, ME 04066

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:

William A. Bond, Esq.
Name
719 S. Palafox Street
Florida street address (P.O. Box **NOT** acceptable)
Pensacola, FL 32502-5813
City State Zip

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TALLAHASSEE FLORIDA

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..

Bi Bond
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

AMBR

AMBR

Name and Address:

John E. Sylvester, Jr.
PO Box 48
Orr's Island, ME 04066

Kathleen M. Sylvester
PO Box 48
Orr's Island, ME 04066

(Use attachment if necessary)

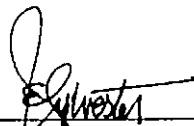
ARTICLE V: Effective date, if other than the date of filing: July 17, 2017 (OPTIONAL)

(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.

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.

John E. Sylvester, Jr.

Typed or printed name of signee

17 JUL 17 PM 3:59
SECRET
TALLAHASSEE FL 32309

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)