

L11000158368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

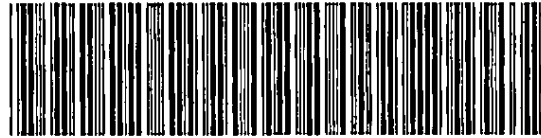
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/17--01025--015 **125.00

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17 JUL 24 AM 05 59
TALLAHASSEE FL 32309

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DUST NO MORE 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:

Tya D. BRADFORD
Name of Person

DUST NO MORE LLC
Firm/Company

96222 MARANATHA RD.
Address

Yulee, FL 32097
City/State and Zip Code

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

For further information concerning this matter, please call:

Tya D. BRADFORD at 904 624-5694
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:

DUST NO MORE L.L.C

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

96222 MARANATHA RD,
JULIA FL 32097

96222 MARANATHA RD.
JULIA FL 32097

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:

Tya D. BRADFORD
Name

96222 MARANATHA RD.
Florida street address (P.O. Box NOT acceptable)
JULIA FL 32097
City State Zip

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SECTION OF
TALLAHASSEE FLORIDA

17 JUL 24 AM 05 59

17 JUL 24

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.

Tya D. Bradford
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

Name and Address:

TYA D. BRADFORD
76222 MARANATHA RD.
YULEE, FL 32097

(Use attachment if necessary)

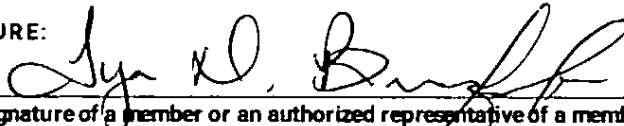
ARTICLE V: Effective date, if other than the date of filing: 7-7-17 (OPTIONAL)

(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:



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.

TYA D. BRADFORD

Typed or printed name of signer

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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DEPT OF STATE
TALLAHASSEE FLORIDA