

L17 000193368

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

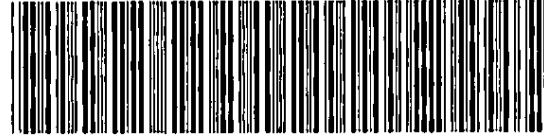
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SEP 18 2017

T. SCOTT



900303360949

09/18/17--01003--022 **150.00

FILED
2017 SEP 18 PM 2:37
CLARK COUNTY
CLERK

FILED
2017 SEP 18 PM 2:37
CLARK COUNTY
CLERK

COVER LETTER

To: New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32314

Subject: Black Pearl Adjusting, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Bennett Carter, Jr., Esq.
Preferred Managing Agency, LLC
2255 Killearn Center Blvd.
Tallahassee, Florida 32309
bcarter@pmains.com

For further information regarding this matter, please call:

William Bennett Carter, Jr., Esq. at (850) 521-0742 x1318

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF ORGANIZATION
OF
BLACK PEARL ADJUSTING, LLC**

Pursuant to the provisions of Chapter 605, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for **Black Pearl Adjusting, LLC** (the "Company"):

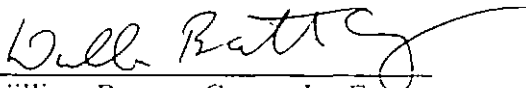
1. Name. The name of the Company is **Black Pearl Adjusting, LLC**.
2. Mailing Address and Principal Office. The Company's mailing address and principal office shall be located at:

2750 Chancellorsville Drive
Tallahassee, FL 32312

3. Initial Registered Agent and Office. The name and address of the initial registered agent and registered office in Florida for the Company are:

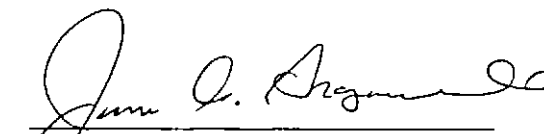
William Bennett Carter, Jr., Esq.
2255 Killearn Center Blvd.
Tallahassee, FL 32309

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, Florida Statutes.



William Bennett Carter, Jr., Esq.

IN WITNESS WHEREOF, this document is executed on this 17th day of September, 2017 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 Section 817.155, Florida Statutes.



James A. Gaganella
Authorized Representative

FILED
2017 SEP 18 PM 2:57

L17000193168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

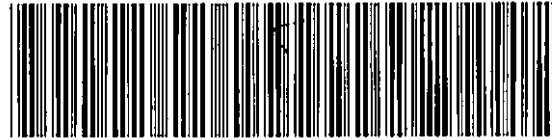
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SEP 18 2017

T. SCOTT



700303477707

09/18/17--01003--014 **160.00

FILED
2017 SEP 18 PM 12:20
17 SEP 18 PM 12:00

COVER LETTER

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

SUBJECT: Favorite Sibs 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:

Robert D. Mendelson

Name of Person

Favorite Sibs LLC

Firm/Company

2749 Millstone Plantation Road

Address

Tallahassee, Florida 32312

City/State and Zip Code

robert@robertmendelsonlaw.com

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

For further information concerning this matter, please call:

Robert D. Mendelson

850

224-2000

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:

Favorite Sibs 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:

Mailing Address:

2749 Millstone Plantation Road
Tallahassee, Florida 32312

2749 Millstone Plantation Road
Tallahassee, Florida 32312

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:

Robert D. Mendelson

Name

2749 Millstone Plantation Road

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

Tallahassee

Florida

32312

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.

Robert D. Mendelson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2017 SEP 16 11:12:20

Tallahassee, FL

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:

Robert D. Mendelson

2749 Millstone Plantation Road

Florida 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A. (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:



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.

Robert D. Mendelson

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)