

217080 208095

(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:

Office Use Only

M. Moon



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FILING CANCELLED  
RETURNED CHECK

10/10/17--01904--001 \*\*130.00

FILED  
OCT 10 2017 OCT 10 AM 9:13  
OCT 10 AM 9:16  
TOLSON

## COVER LETTER

**FILING CANCELLED  
RETURNED CHECK**TO: New Filing Section  
Division of CorporationsSUBJECT: Caleb Vernon 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:

Caleb Vernon  
Name of Person

Caleb Vernon LLC  
Firm/Company

46 Buck Vernon Road  
Address

Crawfordville, FL 32327  
City/State and Zip Code

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

For further information concerning this matter, please call:

Caleb Vernon at ( 850 ) 597-6828  
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

FILED  
2017 OCT 10 AM 9:18  
CLERK OF COURT  
JANICE L. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caleb Vernon LLC

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

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RETURNED CHECK**

ARTICLE II - Address:

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

Principal Office Address:

46 Buck Vernon Road  
Crawfordville FL 32329

Mailing Address:

46 Buck Vernon Road  
Crawfordville FL 32329

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:

Caleb Dwayne Vernon

Name

46 Buck Vernon Road

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

Crawfordville FL

City

State

32329

Zip

I, 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..

Caleb Vernon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2017 OCT 10 AM 9:18  
J. J. MOORE, JR.  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

# FILING CANCELLED RETURNED CHECK

## 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 = Caleb Vernon

### Name and Address:

Caleb Vernon 46 Buck  
Vernon Road Cornfordville  
FL 32329

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:

Caleb Vernon

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.17.155, F.S.

Caleb Vernon

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)

FILED  
2017 OCT 10 AM 9:18  
CLERK OF THE COURT  
JESSICA L. BROWN