

L11000229680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

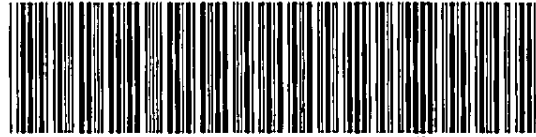
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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N CULLIGAN

NOV 7 2017

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: tntrt1@bellsouth.net

Web: thursonaccounting.com

October 27, 2017

RE: L16000010094
FLA SMOKE SHOP L.L.C.
Attn: Harold Llanos
5440 Lenox Avenue
Jacksonville, FL 32205

To Whom This May Concern,

The above referenced individual Mr. Harold Llanos the owner of this limited liability company and has no plans on reinstating the old company. He would like to start a new limited liability company but with the same name.

Very Truly Yours,



Terence N Thurson



Harold Llanos

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FLA SMOKE SHOP L.L.C.

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:

HAROLD LLANOS

Name of Person

FLA SMOKE SHOP L.L.C.

Firm/Company

5440 LENOX AVENUE

Address

JACKSONVILLE, FL 32205

City/State and Zip Code

TNTRLT1@BELLSOUTH.NET

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

For further information concerning this matter, please call:

HAROLD LLANOS 904 764-7717

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:

FLA SMOKE SHOP L.L.C.

(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:

EDGEWOOD AVENUE 919
JACKSONVILLE, FL 32210

Mailing Address:

5440 LENOX AVENUE
JACKSONVILLE, FL 32205

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:

HAROLD LIANOS

Name

5440 LENOX AVENUE

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

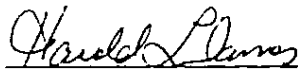
JACKSONVILLE FL 32205

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

HAROLD LLANOS

5440 LENOX AVENUE

JACKSONVILLE, FL 32205

(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:

ANY AND ALL LAWFUL BUSINESS.

REQUIRED SIGNATURE:

Harold Llanos

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.

HAROLD LLANOS

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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