

L17000263740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

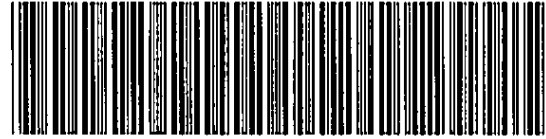
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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DEC 19 2017

**LAW OFFICE OF AARON DELONG**

400 POYDRAS STREET, SUITE 900  
NEW ORLEANS, LOUISIANA 70130  
(504) 252-1545

Wednesday, December 6, 2017

Florida Division of Corporations – New Filing Section  
ATTN: Tyrone Scott  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corrected filing for Rochon Ink. LLC (P17000081354)

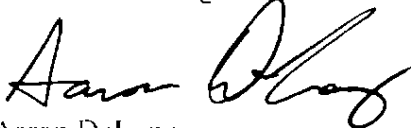
Dear Mr. Scott:

Thank you for taking the time to discuss the matter of Rochon Ink. LLC with me last week. To remind you of the situation, Rochon Ink. LLC erroneously filed their organizational articles as a Florida profit corporation instead of as a Florida limited liability company. As we discussed, I am sending Articles of Organization for Rochon Ink. LLC to organize as a Florida limited liability company along with a fee of \$130 for the filing fee and a certificate of status.

Please correct or remove the original filing as a profit corporation and refund the \$87.50 paid to the credit card used originally to file online. Also, please set the effective date of Rochon Ink. LLC to October 9, 2017, the date that the erroneous profit corporation articles were filed.

Many thanks for your assistance in correcting this matter.

With warmest regards,



Aaron DeLong

**COVER LETTER**

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

**SUBJECT:** Rochon Ink, 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:

Aaron DeLong

Name of Person

Law Office of Aaron DeLong

Firm/Company

400 Poydras Street, Suite 900

Address

New Orleans, LA 70115

City/State and Zip Code

aaron@delong.law

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

For further information concerning this matter, please call:

Aaron DeLong

504

252-1545

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 1 - Name:**

The name of the Limited Liability Company is:

Rochon Ink, 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:**

3 River Place

Palm Coast, Florida 32164

**Mailing Address:**

3 River Place

Palm Coast, Florida 32164

**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:

Ursula Rochon

Name \_\_\_\_\_

3 River Place

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

## Palm Coast

Florida

32164

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.*

- DocuSigned by:

53063570090782

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

Ursula Rochon

3 River Place

Palm Coast, Florida 32164

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/9/2017 (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.

Aaron DeLong

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)