

L18 000001264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

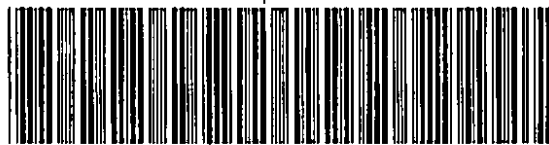
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300307534013

01/09/18--01017--005 **180.00

FILED
18 JAN -9 PM 2:58
JAN 10 2018

N CULLIGAN

JAN 10 2018

ROBERT KIT KOREY, P.A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorney and Counselors at Law

Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A.
Abraham McKinnon
R. Kevin Korey
Adam K. Dunn

Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

January 8, 2018

Via Federal Express

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Shelley Warner, LLC

Dear Sir or Madam:

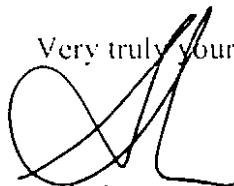
Enclosed is the Articles of Organization for filing for the following company:

Shelley Warner, LLC

I have enclosed a check in the amount of \$160.00 payable to the Department of State representing filing fees, certificate of status and certified copy and a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Alix Bowman

Paralegal to Robert Kit Korey, Esquire

/ab
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shelley Warner, 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:

Shelley Warner

Name of Person

Firm/Company

11 Turtle Ridge Drive

Address

Flagler Beach, FL 32136

City/State and Zip Code

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

For further information concerning this matter, please call:

Shelley Warner at (386) 338-2830
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:

Shelley Warner, 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:

11 Turtle Ridge Drive
Flagler Beach, FL 32136

11 Turtle Ridge Drive
Flagler Beach, FL 32136

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:

Shelley Warner

Name

11 Turtle Ridge Drive

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

Flagler Beach

FL

32136

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..

SWarner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 JAN -9 PM 2:58
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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

AMBR

Name and Address:

Shelley Warner

11 Turtle Ridge Drive

Flagler Beach, FL 32136

(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:

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.

Shelley Warner

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)

18 JAN -9 PM 2:59