

L18000034743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

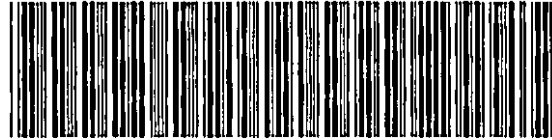
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000307945070

01/24/18--01014--032 \*\*150.00

2-2-18

W18 8199

FILED  
18 FEB -9 PM 4:30  
U.S. DEPT. OF COMMERCE  
NATIONAL CENTER FOR  
STATISTICAL ANALYSIS

T. BURCH  
FEB 9 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Meyers Marine Upholstery & Graphics  
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:

Amy Meyers  
Name of Person  
Meyers Marine Upholstery & Graphics  
Firm/Company  
265 Alaska Rd  
Address  
Merritt Island, FL 32953  
City/State and Zip Code  
meyersmarineupholstery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Meyers at (321) 302-6383  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (Sent Previously - \$150.00)

- ☐ \$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:

Meyers Marine Upholstery & Graphics, 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:

265 Alaska Rd  
Merritt Island, FL  
32953

### Mailing Address:

265 Alaska Rd  
Merritt Island, FL  
32953

## 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:

Rock Miller  
Name

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

MERRITT ISLAND FL FL 32953  
City 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..

Rock Miller  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 FEB - 8 PM 4:30  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, 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

MGR

**Name and Address:**

Amy Meyers  
265 Alaska Rd  
Merritt Island, FL 32953

Lee Meyers  
265 Alaska Rd  
Merritt Island, FL 32953

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

FILED  
18 FEB -8 PM 4:30  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
PALM BEACH COUNTY, FLORIDA

**REQUIRED SIGNATURE:**

Amy L Meyers

**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.

Amy L Meyers

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)**