

L1800005809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

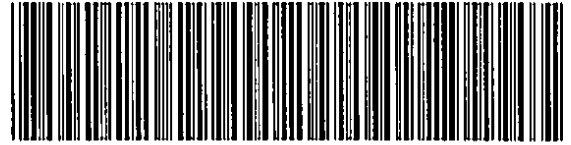
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200308923822

02/12/18--01003--024 **130.00

FILED
2018 MAR -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
MAR 8 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

Reaves LANDIS Consulting Service
SUBJECT: _____

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:

Christina Reaves Landis

Name of Person

Firm/Company

887 Don Graff Road

Address

Freeport, FL 32439

City/State and Zip Code

ebrochristina@gmail.com

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

For further information concerning this matter, please call:

Christina at (937) 520-5315
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2018

CHRISTINA REAVES LANDIS
887 DON GRAFF ROAD
FREEPORT, FL 32439

SUBJECT: CREATIVE CONSULTING SERVICE LLC
Ref. Number: W18000018886

Reaves LANDIS

We have received your document for ~~CREATIVE~~ CONSULTING SERVICE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 518A00003924

RECEIVED
2018 MAR -8 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reaves-LANDIS
Consulting Service 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:

887 Don Graff Road
Freeport, FL 32439

Mailing Address:

887 Don Graff Road
Freeport, FL 32439

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:

Christina Reaves Landis

Name

887 Don Graff Road

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

Freeport

Florida

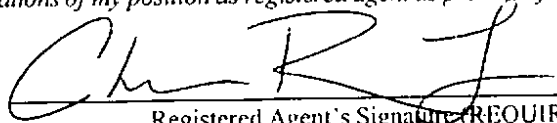
32439

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)

FILED
2018 MAR -8 PM 3:09
SECRETARY OF STATE
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:

Christina Reaves Landis

887 Don Graff Road

Freeport, Florida 32439

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR -8 PM 3:09

FILED

(Use attachment if necessary)

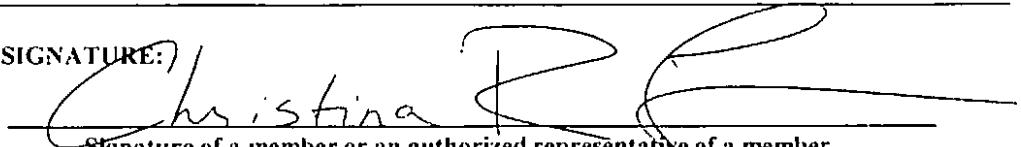
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Christina Reaves Landis

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

CHRISTINA REAVES LANDIS
887 DON GRAFF ROAD
FREEPORT, FL 32439

SUBJECT: CONSULTING SERVICE
Ref. Number: W18000014900

We have received your document for CONSULTING SERVICE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 318A00003175

FILED
2018 MAR -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 FEB 26 AM 10:47
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative

Consulting Service 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:

887 Don Graff Road
Freeport, FL 32439

Mailing Address:

887 Don Graff Road
Freeport, FL 32439

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:

Christina Reaves Landis

Name

887 Don Graff Road

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

Freeport

Florida

32439

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)

FILED
2018 MAR -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

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"MGR" = Manager

MGR

Name and Address:

Christina Reaves Landis

887 Don Graff Road

Freeport, Florida 32439

(Use attachment if necessary)

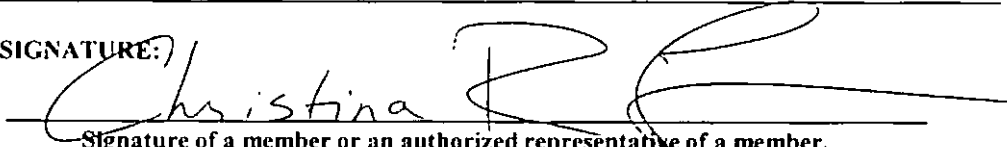
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

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Christina Reaves Landis

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2018 MAR -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA