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TALAHASSEE, FLORIDA

D O'KEEFFE

MAR 13 2018

Jay D. Asbury, P.A.
Attorney at Law



P.O. Box 488
234 N. Summit Street
Crescent City, Florida 32112

Bus. 386-698-1970
Tax 386-698-1272
Toll Free 888-698-1272

March 1, 2018

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Hallie's Landing LLC
Our File no. 2018-MISC

To Whom It May Concern,

Please find enclosed a check from our firm in the amount of \$160.00 for Filing Fee, Certificate of Status and Certified Copy for the formation of the new Limited Liability Company, Hallie's Landing, LLC.

If you should have any questions or concerns, please do not hesitate to contact the office at (386) 698-1970.

Very Truly Yours,

Kelsy
Kelsy
Legal Assistant

Encl(s)

COVER LETTER

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

SUBJECT: HALLIE'S LANDING, 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:

Jay D. Asbury, P.A.

Name of Person

Law Office of Jay D. Asbury, P.A.

Firm/Company

234 N. Summit Street

Address

Crescent City, FL 32112

City/State and Zip Code

lloyd@fastkayak.com

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

For further information concerning this matter, please call:

Lloyd N. Reeves at (805) 441-7463

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:

HALLIE'S LANDING, 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:

831 Huntington Road
Crescent City, FL 32112

Mailing Address:

P.O. Box 205
Crescent City, FL 32112-0205

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:

Lloyd N. Reeves

Name

125 Eagles Nest Lane

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

Crescent City, FL 32112

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..

Lloyd N. Reeves

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:

Lloyd N. Reeves

125 Eagles Nest Lane

Crescent City, FL 32112

(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:

Lloyd N. Reeves

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.

Lloyd N. Reeves

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)

FILED
18 MAR -5 AM 8:32
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA