

L180000084033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

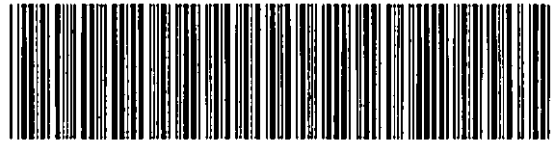
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 06 2018

T. SCOTT



500311299715

04/05/18--01002--003 **87.50

04/05/18--01002--004 **72.50

FILED
2019 MAY -8 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **Salera Helping Hands, 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:

Joseph B. Jones

Name of Person

Salera Helping Hands, LLC

Firm/Company

2800 Semoran Drive

Address

Pensacola, Florida 32503

City/State and Zip Code

salerahh5@gmail.com

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

For further information concerning this matter, please call:

Joseph B. Jones at (**850**) **324-3985**

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

Salera Helping Hands, LLC



Divisions of Corporations
New Filing Section
P.O. box 6327
Tallahassee, FL 32314
(850) 245-6052

March 14, 2018

To Whom It May Concern,

I am including a check for \$87.50 which represents the balance owed (*\$160.00 minus my other check for \$72.50 dated on March 8, 2018*) for the Articles of Organization for my business – Salera Helping Hands, LLC. I appreciate your assistance with this matter.

Please refund the original charge on my credit card to establish my business (*\$87.50 minus any third-party charges charged on May 8, 2017*).

Please let me know if I can clarify anything or answer any questions. Again, I appreciate all of your assistance, you have represented the Department of Corporations in a professional and exemplary manner.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. B. Jones".

Joseph B. Jones

2800 Semoran Drive
Pensacola, FL 32503
(850) 324-3985

Salera Helping Hands, LLC



New Filing Section
Divisions of Corporations
P.O. box 6327
Tallahassee, FL 32314
(850) 245-6052

Attn: Mr. Tyrone Scott

March 8, 2018

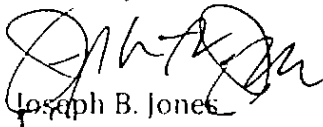
Mr. Scott,

I am including my Articles of Organization for my business. I appreciate your assistance with this matter – I thought that I was setting up an LLC Corporation on May 8, 2017, but realized that I didn't achieve my goal after speaking to you last week.

If there are any issues which I need to address, please let me know and I will correct them quickly. I have included a check for \$72.50 which represents the balance owed (*\$160.00 minus my original payment of \$87.50 on May 8, 2017*).

Again, I appreciate all of your assistance, you have represented the Department of Corporations in a professional and exemplary manner.

Sincerely,


Joseph B. Jones

2800 Semoran Drive
Pensacola, FL 32503
(850) 324-3985

RECEIVED
2018 MAR 12 PM 3:12
DIVISIONS OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salera Helping Hands, 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:

2800 Semoran Drive

Pensacola, Florida 32503

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:

Joseph B. Jones

Name

2800 Semoran Drive

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

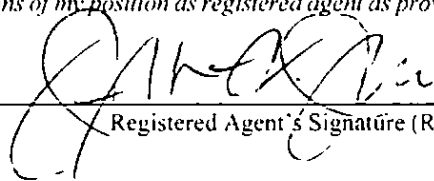
Pensacola, Florida 32503

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)

2019 MAY -8 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

Joseph B. Jones

2800 Semoran Drive

Pensacola, Florida 32503

(Use attachment if necessary)

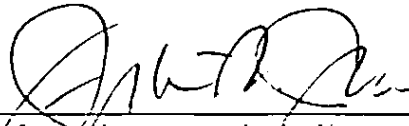
ARTICLE V: Effective date, if other than the date of filing: May 8, 2017. (OPTIONAL)

(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.

Joseph B. Jones

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)