

LI8000118573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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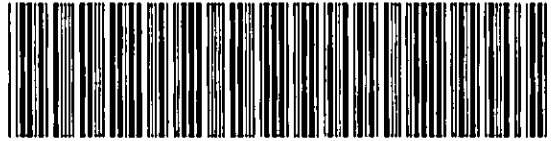
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY -9 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2018

T. SCOTT



ICARD MERRILL

ATTORNEYS & COUNSELORS

Robert E. Messick

May 1, 2018

2033 Main Street
Suite 600
Sarasota, FL 34237
941.953.8114
Fax: 941.366.0718
rmessick@icardmerrill.com

VIA U.S. MAIL

icardmerrill.com

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: New LLC - FESTIVE FLOATS, LLC, a Florida limited liability company

Dear Sir or Madam:

In connection with the above referenced matter, enclosed please find the Cover Letter and Articles of Organization for a Florida limited liability company, together with our firm's trust check in the amount of \$130.00 for the Filing Fee payable.

Should you have any questions or need any additional information or documentation in this regard, please feel free to contact our offices at your earliest convenience. Thank you.

Very truly,

ICARD, MERRILL, CULLIS,
TIMM, FUREN & GINSBURG, P.A.

Valerie J. Alston
Assistant to Robert E. Messick, Esq.

/va
Enclosures

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FESTIVE FLOATS, LLC, a Florida limited liability company
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:

ROBERT E. MESSICK, ESQ.

Name of Person

ICARD MERRILL, ET AL, P.A.

Firm/Company

2033 MAIN STREET, SUITE 600

Address

SARASOTA, FLORIDA 34237

City/State and Zip Code

rmessick@icardmerrill.com

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

For further information concerning this matter, please call:

Robert E. Messick, Esq

941

953-8114

at ()

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:

FESTIVE FLOATS, 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:

15315 29th Lane East
Parrish, FL 34219

Mailing Address:

15315 29th Lane East
Parrish, FL 34219

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:

Robert E. Messick, Esq.

Name

c/o Icard Merrill et al, P.A., 2033 Main Street, Suite 600

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

Sarasota

Florida

34237A

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)

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TALLAHASSEE, FLORIDA

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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

AMBR

Name and Address:

John P. Roberts

15315 29th Lane East

Parrish, FL 34219

(Use attachment if necessary)

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

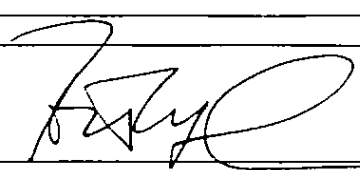
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

John P. Roberts, Sole Member and Manager

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.

Robert E. Messick, Esq.

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)