

L18000149772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

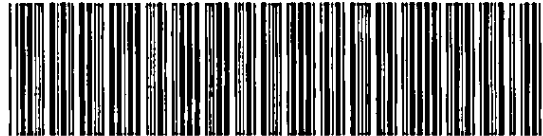
Special Instructions to Filing Officer:

Office Use Only

M1800014977

JUN 20 2018

T. SCOTT



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05/17/18--01003--028 **125.00

FILED
2018 JUN 13 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2018

ALBERT F. FORD II
4968 KESTRAL PARK WAY N.
SARASOTA, FL 34231

SUBJECT: HEIRLOOMS UNLIMITED FLA, LLC
Ref. Number: W18000048677

We have received your document for HEIRLOOMS UNLIMITED FLA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00010644

(DONE) *Albert F. Ford II* (AMBR)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEIRLOOMS UNLIMITED FLA, 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:

ALBERT F. FORD II

(AMBR)

Name of Person

HEIRLOOMS UNLIMITED FLA, LLC

Firm/Company

4968 KESTRAL PARK WAY N.

Address

SARASOTA, FLORIDA 34231

City/State and Zip Code

affordii@yahoo.com

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

For further information concerning this matter, please call:

ALBERT F. FORD II

508

468-8829

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:

HEIRLOOMS UNLIMITED FLA, 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:

4968 KESTRAL PARK WAY N.
SARASOTA, FL 34231

Mailing Address:

4968 KESTRAL PARK WAY N.
SARASOTA, FL 34231

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:

ALBERT F. FORD II

Name

(AMBR)

4968 KESTRAL PARK WAY N.

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

SARASOTA

FLORIDA

34231

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.

X Albert F Ford II (AMBR)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 JUN 13 AM 7:28
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

~~MEMBER~~ AMBR

Name and Address:

ALBERT F. FORD II (AMBR)
4968 KESTRAL PARK WAY N.
SARASOTA, FL 34231

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/17/2018 (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:

X Albert F. Ford II (AMBR)

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.

ALBERT F. FORD II

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)