

L18 000 153794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

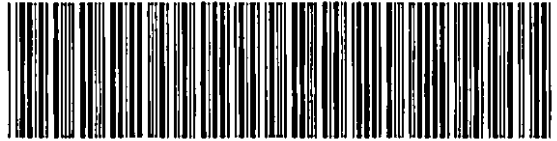
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/22/18--01024--010 **150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 22 AM 9:32
TALLAHASSEE, FLORIDA

12/4
6/22/18

LAW OFFICE OF
DAVID MILLER LANG, JR.
ATTORNEY AT LAW

204 SOUTHEAST FIRST STREET
POST OFFICE BOX 51
TRENTON, FLORIDA 32693-0051

(352) 463-7800

June 19, 2018

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

RE: Sally Splash, LLC

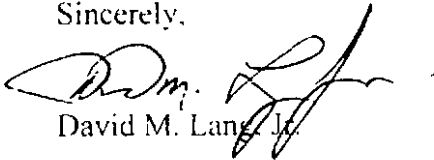
Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization along with a Transmittal Letter providing all return correspondence information and my Trust Account Check No. 4933 in the amount of \$160.00 representing payment for:

Filing Fee for Articles of Organization	\$100.00
Designation for Registered Agent	\$25.00
Certified Copy of Articles of Organization	\$30.00
Certificate of Status	\$5.00

Should there be any questions, please do not hesitate to contact me.

Sincerely,


David M. Lang Jr.

DMLJ/cl
Enc.: As stated

COVER LETTER

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

SUBJECT: Sally Splash, 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:

David M. Lang, Jr.

Name of Person

David M. Lang, Jr., Attorney At Law

Firm/Company

P.O. Box 51

Address

Trenton, Florida 32693

City/State and Zip Code

clang.lawoffice@gmail.com

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

For further information concerning this matter, please call:

David M. Lang, Jr./Carol Lang 352 463-7800

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:

Sally Splash, 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:

6650 SE 75th Ave.

6650 SE 75th Ave.

Newberry, Florida 32669

Newberry, Florida 32669

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:

Sharon A. Langford

Name

6650 SE 75th Ave.

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

Newberry

Florida

32669

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..

Sharon A. Langford

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
18 JUN 22 AM 9:32
DIVISION OF CORPORATION

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:

Sharon A. Langford

6650 SE 75th Ave.

Newberry, Florida 32669

AMBR

Cody R. Langford

6650 SW 75th Ave.

Newberry, Florida 32669

AMBR

Shelby R. Langford

6650 SE 75th Ave.

Newberry, Florida 32669

(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:

Sharon A. Langford

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.

Sharon A. Langford

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 22 AM 9:32
TALLAHASSEE, FLORIDA