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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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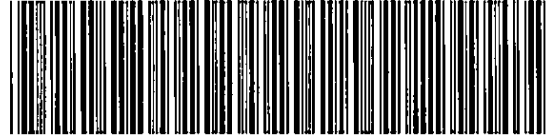
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUL 12 2018

COVER LETTER

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

SUBJECT: Shelly's Reflections 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:

Mona Shelly Harris

Name of Person

Shelly's Reflections LLC

Firm/Company

P.O. Box 251

Address

Lake City, Florida 32056

City/State and Zip Code

shellysreflections18@gmail.com

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

For further information concerning this matter, please call:

Cheryl Jenkins

717

494-9117

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

The undersigned, with the intention of creating a Florida Limited Liability Company files the following Articles of Organization:

Article I.

Name

The name of the Limited Liability Company is **Shelly's Reflections LLC**.

Article II.

Principal Office Addresses

The **principal office** address of **Shelly's Reflections LLC** in Florida is:

188 SE Clarrissa Loop
Apt. 106
Lake City, Florida 32025

The **mailing address** is: P.O. Box 251
Lake City, Florida 32056

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Article III.

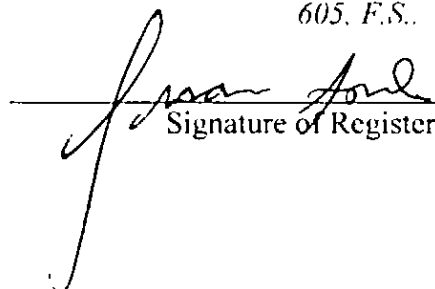
Registered Agent

The name of the registered agent of **Shelly's Reflections LLC** is: Susan Jones.

The street address of the registered agent is: 5376 Shirley Ave.
Jacksonville, Florida 32210

Statement of Acceptance by Registered Agent

*Having been named as Registered Agent and to accept service of process for **Shelly's Reflections LLC** at the place designated in these articles, 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.*



Signature of Registered Agent

Article IV.
Management

Shelly's Reflections LLC is a Single-Member Managed limited liability company, and as such Mona Shelly Harris is the MGR authorized to manage and control the limited liability company.

Her address is:
188 SE Clarrissa Loop
Apt. 106
Lake City, Florida 32025

Article V.

The effective date of the organization will be the filing date assigned by the Florida State Department.

Signature of Authorized 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.


Mona Shelly Harris - MGR

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