

L19000053799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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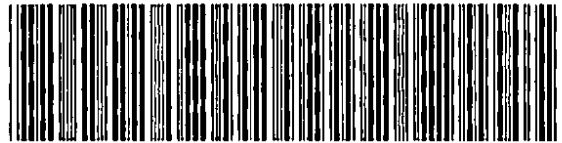
PERSON TO PHONE TO

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TALLAHASSEE, FLORIDA

19 FEB 28 AM 9:36

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N CULLIGAN

3/4/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lee's Oyster Co. 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:

Dottie Lee
Name of Person

Lee's Oyster Co. LLC
Firm/Company

P.O. Box 28
Address

Carrabelle, FL 32322
City/State and Zip Code

dottie.dottielee@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dottie Lee at (850) 697-3795
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2019

DOTTIE LEE
PO BOX 28
CARRABELLE, FL 32322

SUBJECT: LEE'S OYSTER CO LLC
Ref. Number: W19000014880

We have received your document for LEE'S OYSTER CO LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must remove (CO) from the name. You must complete page (2) that's where you list persons authorized to manage. The document must be signed by an Authorized Member.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 319A00003320

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEE'S OYSTERS 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:

605 NW 11TH ST
CARRABELLE FL 32322

Mailing Address:

DOTTIE LEE
PO BOX 28
CARRABELLE FL 32322

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:

DOTTIE LEE
Name
605 NW 11TH Street
Florida street address (P.O. Box ~~NOT~~ acceptable)
CARRABELLE FL 32322
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Dottie Lee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

Name and Address:

Dottie Lee
P.O. Box 28
Carrabelle, FL 32322

Cole Lee
344 Old Ferry Dock Rd
Eastpoint, FL 32328

Robert Kevin Lee
P.O. Box 28
Carrabelle, FL 32322

Robert "Bobby" Lee
P.O. Box 28
Carrabelle, FL 32322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: date of filing (OPTIONAL: If the date is 90 days after the date of filing, the date must be specific and cannot be more than five business days prior to 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:

Robert J Lee Robert J Lee
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 J LEE
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)

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DEPT. OF STATE