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Florida Department of
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727) 322-0909
 Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LUCYHATILLOLLC.COM

FLORIDA LIMITED LIABILITY CO.
LUCY HATIL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
 TALLAHASSEE, FLORIDA

19 APR -2 AM 9:18

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Apr. 2, 2019 10:54AM
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4/2/2019 9:57:58 AM PAGE 1/001

Fax No. 6944 P. 1/5



April 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C HASTINGS, CPA, PA

SUBJECT: LUCY NATIL, LLC
REF: W19000033021

OPPS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000107183
Letter Number: 019A00006477

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H190001071833

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUCY HATIL, 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:

6712 CARDINAL DR S
ST PETERSBURG, FL 33707

SAME

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:

DAVID C HASTINGS, CPA

Name

2207 54TH ST S

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

GULFPORT

FL

33707

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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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:

LUCY HATIL

6712 CARDINAL DR S

ST PETERSBURG, FL 33707

(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:

Lucy Hatil

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.

LUCY HATIL

Typed or printed name of signer

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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