

L19000109161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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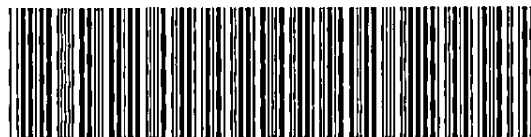
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 APR 29 PM 4:14

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2019 APR 29 PM 4:14  
STATE DEPT OF STATE  
WASHINGTON, DC 20520

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Anniston Cumberland Capital, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Y. Yopp  
Name of Person

2355 Centerville Rd

# 13142  
Address

Tallahassee, FL 32317  
City/State and Zip Code

theyopp5@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Yopp at ( 850 ) 528-5435  
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:

Anniston Cumberland Capital, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2355 Centerville Rd</u>	<u>same</u>
<u># 13142</u>	
<u>Tallahassee, FL 32317</u>	

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:

<u>Melanie Y. Yopp</u>		
Name		
<u>2355 Centerville Rd. #13142</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Tallahassee, FL</u>	<u>32317</u>	
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.

Melanie Y. Yopp  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 APR 29 PM 4:14  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

\_\_\_\_\_

Name and Address:

Melanie Y. Yopp  
2855 Centerville Rd #13142  
Tallahassee, FL 32317

Advanta IRA Services, LLC, FROM Melanie Y  
PO Box 15722  
Clearwater, FL 33766  
Yopp, IRA# 8006506

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/29/19 (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:**

Melanie Y Yopp

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.

Melanie Y Yopp

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)