

LA000130732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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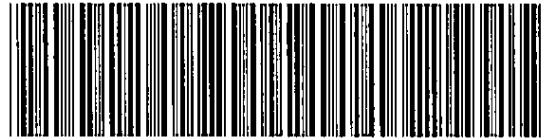
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/19--01025--002 **125.00

19 MAY 22 AM 9:08
16 MAY 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

ROSA M. CAMPBELL-ANDERSON
PO BOX 372 NEWBERRY
NEWBERRY, FL 32669

SUBJECT: PROMISE2U PUBLISHING, LLC.
Ref. Number: W19000038942

We have received your document for PROMISE2U PUBLISHING, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING THE SECOND PAGE OF ARTICLES.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 919A00008020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROMISE 2U Publishing, 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:

Rosa M. Campbell-Andersen
Name of Person

PROMISE 2U Publishing, LLC
Firm/Company

25601 N.W. 4th Ave.
Address

Newberry, FL 32669
City/State and Zip Code

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

For further information concerning this matter, please call:

Rosa M. Campbell-Andersen
Name of Person Area Code Daytime Telephone Number
352 642-3208

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:

PROMISE2U Publishing, 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:
25601 NW 4th Ave.
Newberry, FL 32669

Mailing Address:
P.O. BOX 372
Newberry, FL 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:

Rosa M. Campbell-Anderson
Name
25601 NW 4th Ave.
Florida street address (P.O. Box NOT acceptable)
Newberry, FL 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..

Rosa M. Campbell-Anderson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 MAY 22 AM 9:08
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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

Name and Address:

Manager

AMBR

AMBR

Marrisa L. Lee
11034 Baldwin Park Drive
Tallahassee, FL 32304

Erika Wilcox
602 N.W. 4th Ave.
Trenton, FL 32618 32693

Talisha Long
6350 SW 194th Street Archer
FL 32619

(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:

Erika Wilcox

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.

Erika Wilcox

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)

19 MAY 22 AM 9:05