

L19000140655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

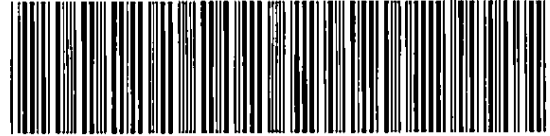
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUN 04 2019



500330237845

06/04/19--01010--015 **125.00

FILING CANCELLED
DUE TO RETURNED CHECK

RECEIVED
OFFICE OF THE
19 JUN -4 PM 12:51

FILED
2019 JUN -4 PM 1:04
AMASSIST FICOR

COVER LETTER

FILING CANCELLED
DUE TO RETURNED CHECK

TO: New Filing Section
Division of Corporations

SUBJECT: Dylan Hartsfield 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:

Dylan Hartsfield
Name of Person

14 Robberts Roost Rd
Address

Sopchoppy FL 32325
City/State and Zip Code
hartsfield82716@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Hartsfield at (850) 570-2739
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$150.00 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:

FILING CANCELLED
DUE TO RETURNED CHECK

Dylan Hartsfield 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:

14 Robberts Roost Rd
Sopchoppy FL 32325

Mailing Address:

P.O. Box 846
Crawfordville, FL 32327

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:

Dylan Hartsfield
Name
14 Robberts Roost Rd
Florida street address (P.O. Box NOT acceptable)
Sopchoppy FL 32325
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.

Dylan Hartsfield
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 JUL 11 PM 1:04
CLERK OF CIRCUIT COURT
ALACHUA COUNTY FLORIDA

**FILING CANCELLED
DUE TO RETURNED CHECK**

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

EDDY HARTSFIELD

PO BOX 846 CRAWFORDVILLE

FL 32329

Manager

Dylan Hartsfield

14 ROBERTS ROOST RD

SOPCHOPPY, FL 32325

(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:

Dylan Hartsfield

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.

Dylan Hartsfield

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)

Dylan Hartsfield will not reinstate Dylan Hartsfield LLC

Document number L17000225938

And will file a new filing with the same name.

Dylan Hartsfield

SIGN NAME

6/5/19

DATE