

L19000179851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

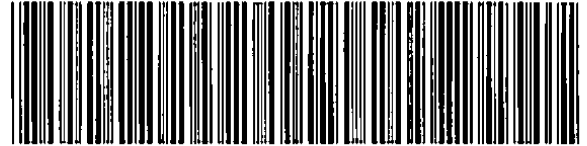
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 JUL 10 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

JUL 24 2019

DOVER MILLER KARRAS & LANGDALE

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

J. Michael Dover
Willis L. Miller III
Patricia McCorvey Karras
Jackson R. Langdale
Nathanael D. Brantley
Jennifer Stakich Walker

701 North Patterson Street
Valdosta, Georgia 31601-4526

Mailing Address:
Post Office Box 729
Valdosta, Georgia 31603-0729

Telephone Number:
229-242-0314
Real Estate Facsimile:
229-242-6495
General Facsimile:
229-249-8685

July 8, 2019

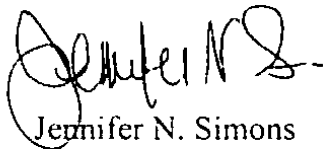
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Carolyn Clanton ALF, LLC.

To Whom It May Concern:

Please find enclosed the cover letter and Articles of Organization for Florida Limited Liability Company for the above-referenced Georgia entity. Also enclosed is our firm's check in the amount of \$130.00 to cover filing fees and the cost of a Certificate of Status for said entity. After organizing the entity in Florida, please return the Certificate of Status to our office in the enclosed self-addressed stamped envelope. Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me at the above number.

Sincerely,



Jennifer N. Simons

Enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CAROLYN CLANTON ALF, 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:

Jennifer Simons

Name of Person

Dover Miller Karras & Langdale, P.C.

Firm/Company

701 N. Patterson Street

Address

Valdosta, Georgia 31601

City/State and Zip Code

jennifersimons@dovermiller.com

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

For further information concerning this matter, please call:

Jennifer Simons

229

242-0314

at ()

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:

CAROLYN CLANTON ALF, 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:

1146 Hamilton Avenue
Jennings, Florida 32053

Mailing Address:

1146 Hamilton Avenue
Jennings, Florida 32053

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:

Heather Davis

Name

1146 Hamilton Avenue

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

Jennings

Florida

32053

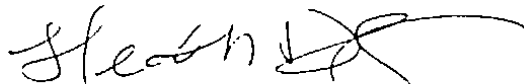
City

State

Zip

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TALLAHASSEE, FL

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)

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

Name and Address:

Loria Renee Whitehead

4440 McMullen Drive

Valdosta, GA 31606

MGR

Heather Davis

1146 Hamilton Avenue

Jennings, FL 32053

(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:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.

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.

HEATHER DAVIS

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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