

L19000208800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

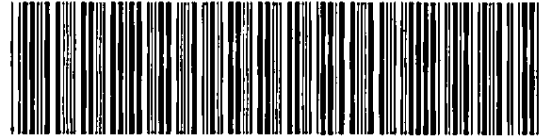
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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AUG 22 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

SHELTON POOLER
1681 NW 7 TERR
POMPANO BEACH, FL 33060

SUBJECT: HOMEOWNERS ALLIANCE OF POMPANO LLC
Ref. Number: W19000070751

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

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

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: 119A00017124

COVER LETTER

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

SUBJECT: HOMEOWNERS ALLIANCE OF POMPANO 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:

SHELTON POOLER

Name of Person

HOMEOWNERS ALLIANCE OF POMPANO LLC.

Firm/Company

1681 NW 7 TERR

Address

POMPANO BEACH, FLORIDA. 33060

City/State and Zip Code

POOLSHELTON@AOL.COM

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

For further information concerning this matter, please call:

VELMA FLOWERS 754 245-5517
Name of Person at () 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:

HOMEOWNERS ALLIANCE OF POMPANO LLC, 33060

(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:

760 NW 17 COURT
POMPANO BEACH, FLORIDA, 33060

Mailing Address:

1681 NW 7 TERR
POMPANO BEACH, FLORIDA, 33060

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:

VELMA FLOWER

Name

760 NW 17 COURT

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


POMPANO BEACH FLORIDA 33060

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

Name and Address:

SHELTON POOLER

1681 NW 7 TERR

POMPANO BEACH, FLORIDA 33060

VICE PRESIDENT

VELMA FLOWER

780 NW 17 COURT

POMPANO BEACH, FLORIDA 33060

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 07/18/2019. (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 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.

VELMA FLOWERS

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)