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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. OWFEFE

OCT 21 2019

W19-84252



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2019

DAVID M. RUTHERFORD  
RUTHERFORD ACCOUNTING SERVICES  
P.O. BOX 5530  
DESTIN, FL 32541

SUBJECT: OLD MILWAUKEE TATTOO COMPANY, L.L.C.  
Ref. Number: W19000084252

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TALLAHASSEE, FLORIDA

We have received your document for OLD MILWAUKEE TATTOO COMPANY, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name listed in Article 1 does not match the spelling of the entity name on the Cover Letter.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 719A00019231

*CORRECTION ENCLOSED*

2019 OCT 14 AM 8:25

**COVER LETTER**

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

**SUBJECT:** OLD MILWAUKEE TATTOO COMPANY, L.L.C.  
\_\_\_\_\_  
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:

DAVID M. RUTHERFORD

\_\_\_\_\_  
Name of Person

RUTHERFORD ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

P.O. BOX 5530

\_\_\_\_\_  
Address

DESTIN FL 32540

\_\_\_\_\_  
City/State and Zip Code

COUNTRYPRO1@AOL.COM

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

For further information concerning this matter, please call:

NICHOLE PARENT

414

837-9817

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:

OLD MILWAUKEE TATTOO COMPANY, L.L.C.

(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:

127 HARBOR BOULEVARD  
SUITE 2A  
DESTIN FL 32541

Mailing Address:

127 HARBOR BOULEVARD  
SUITE 2A  
DESTIN FL 32541

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:

NICHOLE M. PARENT

Name

127 HARBOR BOULEVARD, SUITE 2A

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

DESTIN

FL

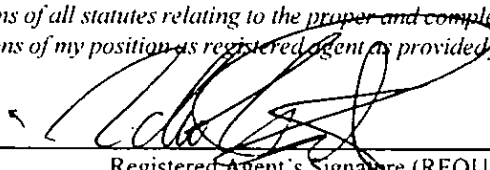
32541

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

NICHOLE M. PARENT

931 MCFARLAN, UNIT A

FT. WALTON BEACH FL 32547

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/30/2019 (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.

NICHOLE M. PARENT

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)

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